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| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):   |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Eamar First name  C. Middle name  Price Last name and Suffix (Sr., Jr., II, III) | Melissa First name  A. Middle name  Teresi-Price Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-3662  | xxx-xx-3593   |

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Debtor 1 Lamar C. Price
Debtor 2 Melissa A. Teresi-Price

Case number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |
|----|---|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names | I have not used any business name or EINs.  Business name(s)  | ■ I have not used any business name or EINs.  Business name(s)  |
|    |   | EINS  | EINS  |
| 5. | Where you live  | 1914 N. Orleans Street, Apt. C<br>McHenry, IL 60050-3982  | If Debtor 2 lives at a different address:   |
|    |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |
|    |   | McHenry<br>County   | County  |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.  |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |
| 6. | Why you are choosing this district to file for bankruptcy   | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) |

Case 17-80759 Doc 1 Filed 03/31/17 Entered 03/31/17 16:17:33 Desc Main Page 3 of 59 Document Debtor 1 Lamar C. Price Debtor 2 Melissa A. Teresi-Price Case number (if known) Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When District Case number District When Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When Case number, if known District Debtor Relationship to you When District Case number, if known

# 11. Do you rent your residence?

□ No.

Go to line 12.

Yes.

Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

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|      | tor 1 Lamar C. Price<br>tor 2 Melissa A. Teresi-  | Price              |                   | Docum                                | Case number (if known)   |
|------|---|--------------------|-------------------|--------------------------------------|--|
|      |   |                    |                   |                                      |  |
| Part | 3: Report About Any Bu  | sinesses           | You Own           | as a Sole Proprie                    | tor  |
| 12.  | Are you a sole proprietor of any full- or part-time business?   | ■ No.              | Go to F           | Part 4.                              |  |
|      |   | ☐ Yes.             | Name              | and location of bus                  | siness   |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                    | Name              | of business, if any                  |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach  |                    | Numbe             | er, Street, City, Sta                | te & ZIP Code  |
|      | it to this petition.  |                    | Check<br>□        |                                      | ox to describe your business:<br>ness (as defined in 11 U.S.C. § 101(27A))   |
|      |   |                    |                   | Single Asset Rea                     | Estate (as defined in 11 U.S.C. § 101(51B))  |
|      |   |                    |                   | Stockbroker (as o                    | lefined in 11 U.S.C. § 101(53A))   |
|      |   |                    |                   | -                                    | er (as defined in 11 U.S.C. § 101(6))  |
|      |   |                    |                   | None of the above                    | 9  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadline operation | s. If you ind     | dicate that you are w statement, and | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
|      | For a definition of small   | ■ No.              | I am no           | ot filing under Chap                 | oter 11.   |
|      | business debtor, see 11 U.S.C. § 101(51D).  | □ No.              | I am fil<br>Code. | ing under Chapter                    | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy   |
|      |   | ☐ Yes.             | I am fil          | ing under Chapter                    | 11 and I am a small business debtor according to the definition in the Bankruptcy Code.  |
| Part | Report if You Own or  | Have Any           | / Hazardoı        | us Property or An                    | y Property That Needs Immediate Attention  |
| 14.  | Do you own or have any  | ■ No.              |                   |                                      |  |
|      | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to  | ☐ Yes.             | What is th        | ne hazard?                           |  |
|      | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?  |                    |                   | ate attention is why is it needed?   |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                    |                   | the property?                        | Number, Street, City, State & Zip Code   |
|      |   |                    |                   |                                      | number, Street, City, State & Zip Code   |

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Debtor 1 Lamar C. Price
Debtor 2 Melissa A. Teresi-Price

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-80759 Doc 1 Filed 03/31/17 Entered 03/31/17 16:17:33 Desc Main Document Page 6 of 59

Debtor 1 Lamar C. Price Debtor 2 Melissa A. Teresi-Price Case number (if known) **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ■ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under ☐ No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for □ Yes distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you □ 5001-10.000 **50.001-100.000 50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50.000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10.000.000.001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100.000.001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lamar C. Price /s/ Melissa A. Teresi-Price Lamar C. Price Melissa A. Teresi-Price Signature of Debtor 1 Signature of Debtor 2 Executed on March 30, 2017 Executed on March 30, 2017 MM / DD / YYYY MM / DD / YYYY

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Page 7 of 59 Document Lamar C. Price Debtor 1 Debtor 2 Melissa A. Teresi-Price Case number (if known) I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed For your attorney, if you are represented by one under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) If you are not represented by and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the an attorney, you do not need schedules filed with the petition is incorrect. to file this page. /s/ Joseph P. Doyle Date March 30, 2017 Signature of Attorney for Debtor MM / DD / YYYY Joseph P. Doyle Printed name Law Office of Joseph P. Doyle LLC Firm name 105 S. Roselle Road, Suite 203 Schaumburg, IL 60193 Number, Street, City, State & ZIP Code

Contact phone 847-985-1100

**6277393**Bar number & State

joe@fightbills.com

Email address

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|------------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor     | mation to identify your  | case:             |                  |                                      |
| Debtor 1               | Lamar C. Price           |                   |                  |                                      |
|                        | First Name               | Middle Name       | Last Name        |                                      |
| Debtor 2               | Melissa A. Teresi        | i-Price           |                  |                                      |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name        |                                      |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |                                      |
| Case number (if known) |                          |                   |                  | ☐ Check if this is an amended filing |
| 000 : 15               | 4000                     |                   |                  | <br>, and the second                 |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|     |   | Your as     | ssets<br>f what you own |
|-----|---|-------------|-------------------------|
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$          | 500.00                  |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$          | 12,378.00               |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$          | 12,878.00               |
| Par | t 2: Summarize Your Liabilities   |             |                         |
|     |   |             | abilities<br>you owe    |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                | \$          | 1,451.38                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$          | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$          | 34,794.73               |
|     | Your total liabilities  | \$          | 36,246.11               |
| Par | t 3: Summarize Your Income and Expenses   |             |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$          | 2,746.00                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$          | 2,654.00                |
| Par | t 4: Answer These Questions for Administrative and Statistical Records  |             |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                    | r other sch | edules.                 |
| 7.  | ■ Yes What kind of debt do you have?  |             |                         |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bousehold purpose "11 LLS C. & 101(8). Fill out lines 8-90 for statistical purposes. 28 LLS C. & 159 |             |                         |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Lamar C. Price

Debtor 2 Melissa A. Teresi-Price

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Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

1,998.66

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Tot | al claim |
|--|-----|----------|
| From Part 4 on Schedule E/F, copy the following:   |     |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$_ | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$_ | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$_ | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$  | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$_ | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$ | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$  | 0.00     |

|                        | Casc 11                           | -80759      | 9 Doc 1             | Filed 03/31/   |   | ./ 10:17:3     | 3 Des        | sc Main  |
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| ill in this            | s information to                  | o identify  | your case and th    | Document   | Page 10 of 59   |                |              |  |
|                        |                                   |             |                     | g.   |   |                |              |  |
| ebtor 1                | First N                           | ar C. Pri   |                     | e Name   | Last Name   |                |              |  |
| ebtor 2                | Meli                              | ssa A. To   | eresi-Price         |  |   |                |              |  |
| ouse, if filin         | ing) First N                      | ame         | Middle              | e Name   | Last Name   |                |              |  |
| nited Stat             | ates Bankruptcy                   | Court for   | the: NORTHER        | RN DISTRICT OF I   | ILLINOIS  |                |              |  |
| ase numb               | hor                               |             |                     |  |   |                |              | <b>-</b>   |
| ase mumi               |                                   |             |                     |  |   |                |              | Check if this is a<br>amended filing               |
|                        | l Form 1<br>dule A/               |             | -                   |  |   |                |              | 12/15  |
| ormation.<br>swer ever | . If more space i<br>ry question. | s needed, a | attach a separate s | heet to this form. O   | eople are filing together, both are<br>on the top of any additional pages<br>u Own or Have an Interest In |                |              |  |
|                        | stgate Lakes                      |             | Spa                 |  | perty? Check all that apply mily home   | Do not deduct  | secured cla  | ims or exemptions. Put                             |
|                        | 00 Turkey La                      |             | cription            |  | r multi-unit building<br>nium or cooperative  |                |              | claims on Schedule D:<br>s Secured by Property.    |
| Orlar                  | ndo                               | FL          | 32819-0000          | _  | ured or mobile home   | Current value  |              | Current value of the                               |
| Oriai                  | ilido                             | State       | ZIP Code            | ☐ Land   | nt property   | entire propert | 500.00       | portion you own?<br>\$500.0                        |
| City                   |                                   |             |                     | ■ Timeshar   | ,   | Describe the   | nature of yo | our ownership interest<br>ncy by the entireties, o |
| City                   |                                   |             |                     | _  | only  |                |              |  |
| City                   | nge                               |             |                     | Debtor 1   | •   |                |              |  |
|                        |                                   |             |                     | Debtor 1   | •   | — Check if     | this is com  | munity property                                    |
| Oran                   |                                   |             |                     | Debtor 1 :   | only  | Check if to    |              | nunity property                                    |
| Oran                   |                                   |             |                     | Debtor 1 deb | only<br>and Debtor 2 only   | (see instruc   | ctions)      | nunity property                                    |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

page 1 Official Form 106A/B Schedule A/B: Property

Part 2: Describe Your Vehicles

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| Debt         |                       | Melissa A. Tere                      | esi-Price                             |   | Case number (if known)               |  |
|--------------|-----------------------|--------------------------------------|---------------------------------------|---|--------------------------------------|--|
| . Ca         | rs, vans              | , trucks, tractors                   | s, sport utility ve                   | hicles, motorcycles   |                                      |  |
|              | N.                    |                                      |                                       | •   |                                      |  |
|              | Yes                   |                                      |                                       |   |                                      |  |
| -            | res                   |                                      |                                       |   |                                      |  |
| 3.1          | Make:                 | Acura                                |                                       | Who has an interest in the property? Check one  | Do not deduct sec                    | ured claims or exemptions. Put   |
| 5.1          | Model:                | MDX                                  |                                       | Debtor 1 only   |                                      | secured claims on Schedule D: ve Claims Secured by Property.                       |
|              | Year:                 | 2003                                 |                                       | Debtor 2 only   |                                      |  |
|              | Approxi               | mate mileage:                        | 230,000                               | ■ Debtor 1 and Debtor 2 only  | Current value of<br>entire property? | the Current value of the portion you own?  |
|              | Other in              | formation:                           |                                       | ☐ At least one of the debtors and another   |                                      |  |
|              | i                     | n Full - Full Co<br>nsurance         | verage                                | ☐ Check if this is community property (see instructions)  | \$3,137                              | 7.00 \$3,137.00  |
| 3.2          | Make:                 | Nissan                               |                                       | Who has an interest in the property? Check one  |                                      | ured claims or exemptions. Put   |
|              | Model:                | Altima                               |                                       | ☐ Debtor 1 only   |                                      | secured claims on Schedule D: ve Claims Secured by Property.                       |
|              | Year:                 | 2002                                 |                                       | Debtor 2 only   | Current value of                     | the Current value of the   |
|              | Approxi               | mate mileage:                        | 170,000                               | ■ Debtor 1 and Debtor 2 only  | entire property?                     | portion you own?   |
|              |                       | formation:                           |                                       | $\square$ At least one of the debtors and another   |                                      |  |
|              | Paid ir               | n Full                               |                                       | ☐ Check if this is community property (see instructions)  | \$2,075                              | \$2,075.00   |
| 5 <b>A</b> o | dd the do             | ollar value of the                   | e portion you ow<br>for Part 2. Write | n for all of your entries from Part 2, includin   | ng any entries for                   | \$5,212.00   |
|              | _                     |                                      |                                       |   |                                      |  |
| Part 3       |                       |                                      | and Household Ite                     |   |                                      |  |
| о у∘         | ou own (              | or have any lega                     | il or equitable in                    | terest in any of the following items?   |                                      | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| E            |                       | l goods and furr<br>Major appliances |                                       | , china, kitchenware  |                                      |  |
|              | Yes. De               | escribe                              |                                       |   |                                      |  |
|              |                       | b<br>k                               | unk beds, 1 to<br>itchen table an     | used household goods and furnishings<br>ddler bed, 7 dressers, 1 couch, 2 love s<br>id 6 chairs, 1 coffee table, 2 end tables,<br>2 TV Stands, 1 Fireplace, 1 mantle, | seat, 1                              | \$500.00   |
|              |                       |                                      |                                       |   |                                      |  |
| E            | ectronics<br>kamples: | Televisions and                      |                                       | eo, stereo, and digital equipment; computers, p<br>ledia players, games   | rinters, scanners; music c           | ollections; electronic devices   |
|              | Yes. De               | escribe                              |                                       |   |                                      |  |
|              |                       | _                                    |                                       |   |                                      |  |
|              |                       | 5                                    | TVs, 5 compu                          | iters (laptop/ I pads) , 1 IPOD, 7 gaming   | systems                              | \$1,000.00   |

Official Form 106A/B Schedule A/B: Property page 2

Case 17-80759 Doc 1 Filed 03/31/17 Entered 03/31/17 16:17:33 Desc Main Page 12 of 59 Document Debtor 1 Lamar C. Price Debtor 2 Melissa A. Teresi-Price Case number (if known) 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles □ No Yes. Describe..... \$400.00 Books, Pictures, and CD's 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$1,000.00 Wearing Apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... Miscellaneous Costume Jewelry - 1 Wedding Ring, 1 watch, 2 \$1,000,00 necklaces 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,900.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No

Official Form 106A/B Schedule A/B: Property

\$80.00

Cash on Hand

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|     | ebtor 1<br>ebtor 2      | Lamar C. Price<br>Melissa A. Teresi-Price   | Case number (if known)   |       |
|-----|-------------------------|---|--|-------|
| 17. | Exam <sub>l</sub>       |   | ial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar accounts with the same institution, list each.               |       |
|     | □ No                    |   | Institution name:  |       |
|     | ■ Yes                   |   | mondator hame.   |       |
|     |                         | 17.1.   | Checking account with Bank of America \$1,80   | 0.00  |
|     |                         | 17.2.   | Savings Account with Bank of America \$1,32  | 1.00  |
| 18. |                         | s, mutual funds, or publicly traded stoples: Bond funds, investment accounts          | ocks<br>with brokerage firms, money market accounts  |       |
|     | Yes                     | Institution or  | issuer name:   |       |
|     |                         | 1 Share of  | T-Mobile stock (TMUS) \$6  | 5.00  |
|     | joint v<br>■ No         | ublicly traded stock and interests in i venture  Give specific information about them | ncorporated and unincorporated businesses, including an interest in an LLC, partnership  | , and |
|     | <b>—</b> 100.           | Name of entity:   | % of ownership:  |       |
|     | Negoti<br>Non-n<br>■ No | iable instruments include personal chec   | er negotiable and non-negotiable instruments eks, cashiers' checks, promissory notes, and money orders. ennot transfer to someone by signing or delivering them. |       |
| 21. | _Exam <sub> </sub>      | ment or pension accounts<br>oles: Interests in IRA, ERISA, Keogh, 40                  | 01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans   |       |
|     | ■ No<br>□ Yes.          | List each account separately.  Type of account:                                       | Institution name:  |       |
| 22. | Your s                  |   | nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications companies, or others             |       |
|     |                         |   | Institution name or individual:  |       |
| 23. | Annuit ■ No             | ties (A contract for a periodic payment of  | of money to you, either for life or for a number of years)   |       |
|     | ☐ Yes                   | Issuer name and descrip   | otion.   |       |
| 24. | 26 U.S.                 | ts in an education IRA, in an account C. §§ 530(b)(1), 529A(b), and 529(b)(1)         | in a qualified ABLE program, or under a qualified state tuition program.   |       |
|     | ■ No<br>□ Yes           | Institution name and des  | scription. Separately file the records of any interests.11 U.S.C. § 521(c):  |       |
| 25. | Trusts  No              | , equitable or future interests in prop   | erty (other than anything listed in line 1), and rights or powers exercisable for your benefi  | t     |
|     |                         | Give specific information about them  |  |       |
| 26. |                         | s, copyrights, trademarks, trade sectories: Internet domain names, websites,          | rets, and other intellectual property proceeds from royalties and licensing agreements   |       |

Official Form 106A/B Schedule A/B: Property page 4

| Debtor 1   |   |  | Filed 03/31/17<br>Document  | Page 14 of 59  | 1/17 10.17.33                   | Desc Main  |
|--|---|--|---|--|---------------------------------|--|
| Debtor 2   | Lamar C. Price<br>Melissa A. Teresi-Pri   | ce   |   | · ·  | ase number (if known)           |  |
| ☐ Yes  | . Give specific information a   | bout them  |   |  |                                 |  |
| Exam<br>■ No   | ses, franchises, and other apples: Building permits, exclu  | sive licenses  |   | n holdings, liquor license   | es, professional licens         | es   |
| Money or   | r property owed to you?   |  |   |  |                                 | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 28. <b>Tax re</b>  | efunds owed to you  |  |   |  |                                 |  |
| Yes  | . Give specific information al  | oout them, inc   | luding whether you alre   | ady filed the returns and  | d the tax years                 |  |
|  |   |  | Tax Refund was recamount of \$11,778.0 on a vacation, Debto oan (\$800), attorney ourchased a car 200 \$1300), purchased of and schools supplied and a micorwave, paremainder of it is located to the cking account | 00 - Spent \$3000.00<br>or paid off his car<br>y fees (\$1215.00),<br>02 Nissan Altima<br>childrens clothes<br>es, purchased a tv<br>aid utilities and the |                                 | \$0.00   |
| ■ No   | y support nples: Past due or lump sum . Give specific information   |  | usal support, child suppo   | ort, maintenance, divorc   | e settlement, property          | settlement   |
|  | amounts someone owes ynples: Unpaid wages, disabilibenefits; unpaid loans   | ty insurance p   | payments, disability bene<br>someone else   | efits, sick pay, vacation  | pay, workers' compe             | nsation, Social Security   |
| ☐ Yes  | . Give specific information   |  |   |  |                                 |  |
| 31. Intere   | . Give specific information sts in insurance policies aples: Health, disability, or life  | e insurance; h   | ealth savings account (l  | HSA); credit, homeowne   | er's, or renter's insurar       | nce  |
| 31. Intere<br>Exam<br>■ No   | sts in insurance policies aples: Health, disability, or life.  Name the insurance compa   |  | ,   | HSA); credit, homeowne<br>Beneficiary  | ·                               | nce<br>Surrender or refund<br>value:   |
| 31. Intere Exam ■ No □ Yes  32. Any ir If you some ■ No                              | sts in insurance policies aples: Health, disability, or life.  Name the insurance compa   | any of each popany name:   | olicy and list its value.   | Beneficiary  | <i>y</i> :                      | Surrender or refund value:   |
| 31. Intere  Exam  No  Yes  32. Any ir  If you some  No  Yes  33. Claim               | sts in insurance policies  nples: Health, disability, or life  Name the insurance compa  Com  nterest in property that is of are the beneficiary of a livin one has died.   | any of each popany name:  lue you from g trust, expected the content of the conte | someone who has die t proceeds from a life in   | Beneficiary ed surance policy, or are c  | y:<br>urrently entitled to rece | Surrender or refund value:   |
| 31. Intere  Exam  No  Yes  32. Any ir  If you some  No  Yes  33. Claim  Exam  No  No | sts in insurance policies inples: Health, disability, or life . Name the insurance compa Com interest in property that is of are the beneficiary of a living one has died.  . Give specific information s against third parties, wh | any of each popany name:  lue you from g trust, expected the content of the conte | someone who has die t proceeds from a life in   | Beneficiary ed surance policy, or are c  | y:<br>urrently entitled to rece | Surrender or refund value:   |

Official Form 106A/B Schedule A/B: Property page 5

Case 17-80759 Doc 1 Filed 03/31/17 Entered 03/31/17 16:17:33 Desc Main Page 15 of 59 Document Lamar C. Price Debtor 1 Debtor 2 Melissa A. Teresi-Price Case number (if known) 35. Any financial assets you did not already list ■ No  $\hfill \square$  Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$3,266.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ..... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$500.00 Part 2: Total vehicles, line 5 \$5,212.00 Part 3: Total personal and household items, line 15 57. \$3,900.00 Part 4: Total financial assets, line 36 \$3,266.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

Official Form 106A/B Schedule A/B: Property page 6

\$12.378.00

Copy personal property total

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$12.378.00

\$12,878.00

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|   |                         | 17/1/11111        | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
|---|-------------------------|-------------------|---|--|
| Fill in this infor                      | mation to identify your | case:             |   |  |
| Debtor 1                                | Lamar C. Price          |                   |   |  |
|   | First Name              | Middle Name       | Last Name                               |  |
| Debtor 2                                | Melissa A. Teresi       | i-Price           |   |  |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name                               |  |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS                             |  |
| Case number                             |                         |                   |   |  |
| (if known)                              |                         |                   |   |  |
|   |                         |                   |   |  |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify t | he Pro | perty You | Claim a | s Exempt |
|---------|------------|--------|-----------|---------|----------|
|---------|------------|--------|-----------|---------|----------|

| 1. | Which set of exemptions are | you claiming? | ? Check one only | , even if | your spouse | is filing | g with | you. |
|----|-----------------------------|---------------|------------------|-----------|-------------|-----------|--------|------|
|----|-----------------------------|---------------|------------------|-----------|-------------|-----------|--------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|--|--------------------------------------|-----|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Che | ck only one box for each exemption.                             |                                    |
| 2003 Acura MDX 230,000 miles<br>Paid in Full - Full Coverage Auto  | \$3,137.00                           | -   | \$4,800.00  | 735 ILCS 5/12-1001(c)              |
| Insurance Line from Schedule A/B: 3.1  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2002 Nissan Altima 170,000 miles<br>Paid in Full   | \$2,075.00                           |     | \$1,899.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 3.2  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Miscellaneous used household   | \$500.00                             |     | \$500.00  | 735 ILCS 5/12-1001(b)              |
| goods and furnishings - 1 Bed, 2 bunk beds, 1 toddler bed, 7 dressers, 1 couch, 2 love seat, 1 kitchen table and 6 chairs, 1 coffee table, 2 end tables, 3 lamps, 1 computer desk, 2 TV Stands, 1 Fireplace, 1 mantle, Line from Schedule A/B: 6.1 |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| 5 TVs, 5 computers (laptop/ I pads),   | \$1,000.00                           |     | \$1,000.00  | 735 ILCS 5/12-1001(b)              |
| 1 IPOD, 7 gaming systems Line from Schedule A/B: 7.1   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

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Lamar C. Price Debtor 1 Melissa A. Teresi-Price Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Books, Pictures, and CD's 735 ILCS 5/12-1001(b) \$400.00 \$400.00 Line from Schedule A/B: 8.1 100% of fair market value, up to any applicable statutory limit **Wearing Apparel** 735 ILCS 5/12-1001(a) \$1,000.00 \$1,000.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Miscellaneous Costume Jewelry - 1 735 ILCS 5/12-1001(b) \$1,000.00 \$1,000.00 Wedding Ring, 1 watch, 2 necklaces Line from Schedule A/B: 12.1 100% of fair market value, up to any applicable statutory limit Cash on Hand 735 ILCS 5/12-1001(b) \$80.00 \$80.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Checking account with Bank of 735 ILCS 5/12-1001(b) \$1,800.00 \$1,800.00 **America** Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Savings Account with Bank of 735 ILCS 5/12-1001(b) \$1,321.00 \$1,321.00 **America** Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit

| 3. | Are v | ou claiming a | homestead | exemption o | f more than | \$160,375 |
|----|-------|---------------|-----------|-------------|-------------|-----------|
|    |       |               |           |             |             |           |

- No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
  - ☐ No
  - ☐ Yes

| e and accurate as possible. y the Additional Page, fill it wn). tors have claims secured b neck this box and submit t ill in all of the information at All Secured Claims red claims. If a creditor has  | Middle Name  Si-Price  Middle Name  NORTHERN DISTRICT OF ILLIN  Who Have Claims Self two married people are filing together, out, number the entries, and attach it to the yyour property?  his form to the court with your other so | ecureo<br>, both are equ<br>this form. On<br>chedules. Yo  | ually responsible for sun the top of any addition ou have nothing else to   | y<br>y<br>ipplying correct informa<br>nal pages, write your na  |  |
|--|--|--|---|---|--|
| Melissa A. Tere First Name  Melissa A. Tere First Name  Bankruptcy Court for the  Drm 106D  De D: Creditors  and accurate as possible. The Additional Page, fill it wn).  The tors have claims secured be neck this box and submit to the information at All Secured Claims  red claims. If a creditor has   | Si-Price  Middle Name  NORTHERN DISTRICT OF ILLIN  Who Have Claims So  If two married people are filing together, out, number the entries, and attach it to the yyour property? his form to the court with your other so below.      | ecureo , both are equithis form. On  | ually responsible for sun the top of any addition ou have nothing else to   | y  Ipplying correct informa nal pages, write your na  | 12/15 tion. If more spaceme and case   |
| Melissa A. Tere First Name  Melissa A. Tere First Name  Bankruptcy Court for the  Drm 106D  De D: Creditors  and accurate as possible. The Additional Page, fill it wn).  The tors have claims secured be neck this box and submit to the information at All Secured Claims  red claims. If a creditor has   | Si-Price  Middle Name  NORTHERN DISTRICT OF ILLIN  Who Have Claims So  If two married people are filing together, out, number the entries, and attach it to the yyour property? his form to the court with your other so below.      | ecureo , both are equithis form. On  | ually responsible for sun the top of any addition ou have nothing else to   | y  Ipplying correct informa nal pages, write your na  | 12/15 tion. If more spaceme and case   |
| First Name  Bankruptcy Court for the Defence of the | Middle Name  NORTHERN DISTRICT OF ILLIN  Who Have Claims So  If two married people are filling together, out, number the entries, and attach it to to the form to the court with your other so below.                                | ecurec , both are equation form. On the chedules. You consider separately  | ually responsible for sun the top of any addition ou have nothing else to   | y  Ipplying correct informa nal pages, write your na  | 12/15 tion. If more spaceme and case   |
| Bankruptcy Court for the Dorm 106D  Le D: Creditors  The Additional Page, fill it wn).  | S Who Have Claims So If two married people are filing together, out, number the entries, and attach it to the yyour property?  his form to the court with your other so below.   | ecurec , both are equation form. On the chedules. You consider separately  | ually responsible for sun the top of any addition ou have nothing else to   | y  Ipplying correct informa nal pages, write your na  | 12/15 tion. If more spaceme and case   |
| Drm 106D  le D: Creditors  and accurate as possible. the Additional Page, fill it wn).  tors have claims secured be neck this box and submit to ill in all of the information at All Secured Claims  red claims. If a creditor has   | If two married people are filing together, out, number the entries, and attach it to the your property?  his form to the court with your other so below.  more than one secured claim, list the credite                              | ecureo<br>, both are equ<br>this form. On<br>chedules. Yo  | ually responsible for sun the top of any addition ou have nothing else to   | y  Ipplying correct informa nal pages, write your na  | 12/15 tion. If more spaceme and case   |
| orm 106D  le D: Creditors  and accurate as possible. the Additional Page, fill it wn).  tors have claims secured be neck this box and submit to ill in all of the information at All Secured Claims  red claims. If a creditor has   | If two married people are filing together, out, number the entries, and attach it to the yyour property? his form to the court with your other so below.  more than one secured claim, list the credite                              | , both are equ<br>this form. On<br>chedules. You   | ually responsible for sun the top of any addition ou have nothing else to   | y  Ipplying correct informa nal pages, write your na  | 12/15 tion. If more spaceme and case   |
| orm 106D  le D: Creditors  and accurate as possible. the Additional Page, fill it wn).  tors have claims secured be neck this box and submit to ill in all of the information at All Secured Claims  red claims. If a creditor has   | If two married people are filing together, out, number the entries, and attach it to the yyour property? his form to the court with your other so below.  more than one secured claim, list the credite                              | , both are equ<br>this form. On<br>chedules. You   | ually responsible for sun the top of any addition ou have nothing else to   | y  Ipplying correct informa nal pages, write your na  | 12/15 tion. If more spaceme and case   |
| le D: Creditors  and accurate as possible. the Additional Page, fill it wn).  tors have claims secured b neck this box and submit t ill in all of the information at All Secured Claims  red claims. If a creditor has   | If two married people are filing together, out, number the entries, and attach it to the yyour property? his form to the court with your other so below.  more than one secured claim, list the credite                              | , both are equ<br>this form. On<br>chedules. You   | ually responsible for sun the top of any addition ou have nothing else to   | y Ipplying correct informa Inal pages, write your nai To report on this form.  Column B   | 12/15 tion. If more spaceme and case   |
| le D: Creditors  and accurate as possible. the Additional Page, fill it wn).  tors have claims secured b neck this box and submit t ill in all of the information at All Secured Claims  red claims. If a creditor has   | If two married people are filing together, out, number the entries, and attach it to the yyour property? his form to the court with your other so below.  more than one secured claim, list the credite                              | , both are equ<br>this form. On<br>chedules. You   | ually responsible for sun the top of any addition ou have nothing else to   | ipplying correct informational pages, write your nate or report on this form.  Column B   | tion. If more spaceme and case   |
| le D: Creditors  and accurate as possible. the Additional Page, fill it wn).  tors have claims secured b neck this box and submit t ill in all of the information at All Secured Claims  red claims. If a creditor has   | If two married people are filing together, out, number the entries, and attach it to the yyour property? his form to the court with your other so below.  more than one secured claim, list the credite                              | , both are equ<br>this form. On<br>chedules. You   | ually responsible for sun the top of any addition ou have nothing else to   | ipplying correct informational pages, write your nate or report on this form.  Column B   | tion. If more spac<br>me and case  |
| e and accurate as possible. y the Additional Page, fill it wn). tors have claims secured b neck this box and submit t ill in all of the information at All Secured Claims red claims. If a creditor has  | If two married people are filing together, out, number the entries, and attach it to the yyour property? his form to the court with your other so below.  more than one secured claim, list the credite                              | , both are equ<br>this form. On<br>chedules. You   | ually responsible for sun the top of any addition ou have nothing else to   | ipplying correct informational pages, write your nate or report on this form.  Column B   | tion. If more spac<br>me and case  |
| e and accurate as possible. y the Additional Page, fill it wn). tors have claims secured b neck this box and submit t ill in all of the information at All Secured Claims red claims. If a creditor has  | If two married people are filing together, out, number the entries, and attach it to the yyour property? his form to the court with your other so below.  more than one secured claim, list the credite                              | , both are equ<br>this form. On<br>chedules. You   | ually responsible for sun the top of any addition ou have nothing else to   | ipplying correct informational pages, write your nate or report on this form.  Column B   | me and case Column C   |
| whe Additional Page, fill it wn).  tors have claims secured be neck this box and submit till in all of the information at All Secured Claims  red claims. If a creditor has  | out, number the entries, and attach it to to y your property? his form to the court with your other so below.  more than one secured claim, list the credite   | this form. On chedules. You  | ou have nothing else to   | o report on this form.  Column B  | me and case Column C   |
| tors have claims secured be<br>neck this box and submit to<br>ill in all of the information<br>at All Secured Claims<br>red claims. If a creditor has  | his form to the court with your other so below.  more than one secured claim, list the credite   | tor separately   | Column A  | Column B  |  |
| neck this box and submit t<br>ill in all of the information<br>at All Secured Claims<br>red claims. If a creditor has  | his form to the court with your other so below.  more than one secured claim, list the credite   | tor separately   | Column A  | Column B  |  |
| ill in all of the information at All Secured Claims red claims. If a creditor has  | below.  more than one secured claim, list the credite  | tor separately   | Column A  | Column B  |  |
| et All Secured Claims red claims. If a creditor has  | more than one secured claim, list the credite  |  |   |   |  |
| red claims. If a creditor has  |  |  |   |   |  |
|  |  |  |   |   |  |
| If any and the same area and alternations  | s a particular claim, list the other creditors in  | Part 2 As  |   | Value of collateral   | Unsecured  |
|  | ical order according to the creditor's name.   |  | Amount of claim  Do not deduct the value of collateral.   | that supports this  | portion<br>If any  |
| ate Lakes Resort &   |  |  |   |   | •  |
|  | Describe the property that secures the   | eclaim:  | \$1,451.38  | \$500.00  | \$951.3  |
| Name   | Westgate Lakes Resort & Spa  |  |   |   |  |
|  | 1  | 2819   |   |   |  |
|  |  | ack all that   |   |   |  |
| _  | apply.   | ook an triat   |   |   |  |
|  | _ *  |  |   |   |  |
| street, City, State & Zip Code   | `  |  |   |   |  |
| a deht? Chack and  | •  |  |   |   |  |
|  | _  | ortanan or ann   | urad  |   |  |
| •  | car loan)  | nigage or sec  | urea  |   |  |
| Debidi 2 drily   |  |  |   |   |  |
|  |  |  |   |   |  |
| is claim relates to a  | •  | ime - Shar   | re  |   |  |
| , 400.   | Last 4 digits of account number  | r 3662   |   |   |  |
| Tic<br>etti  | reet, City, State & Zip Code  debt? Check one.   | Turkey Lake Rd Orlando, FL 3 Orange County  As of the date you file, the claim is: Chapply.  Contingent  Contingen | Turkey Lake Rd Orlando, FL 32819 Orange County  As of the date you file, the claim is: Check all that apply.  Contingent | Turkey Lake Rd Orlando, FL 32819 Orange County  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)  Disputed Statutory lien (such as tax lien, mechanic's lien) Undiquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Undiquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Undiquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Undiquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Undiquidated Disputed Nature of lien. Check all that apply.  Time - Share | Turkey Lake Rd Orlando, FL 32819 Orange County  As of the date you file, the claim is: Check all that apply. Contingent C |

If this is the last page of your form, add the dollar value totals from all pages. \$1,451.38 Write that number here:

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|---|--|---|--|---|--|---|
| Fill in t   | his inform   | ation to identify your  | case:  |   |  |   |
| Debtor  | 1  | Lamar C. Price  |  |   |  |   |
|   |  | First Name  | Middle Name  | Last Name                                       |  |   |
| Debtor  | 2  | Melissa A. Teresi   | -Price   |   |  |   |
| (Spouse if  | f, filing)   | First Name  | Middle Name  | Last Name                                       |  |   |
| United :  | States Bar   | kruptcy Court for the:  | NORTHERN DISTRICT OF I   | LLINOIS   |  |   |
| Case no (if known)  |  |   |  |   |  | ☐ Check if this is an amended filing  |
| Sche  | dule E   |   | /ho Have Unsecured   |   |  | 12/15   |
| any exec<br>Schedule<br>Schedule<br>left. Attac<br>name and | eutory contrest of the contres | acts or unexpired leases<br>ory Contracts and Unexp<br>ors Who Have Claims Sec<br>inuation Page to this pag<br>aber (if known). | that could result in a claim. Also ired Leases (Official Form 106G), ured by Property. If more space ite. If you have no information to results. | list executory of Do not include s needed, copy | Part 2 for creditors with NONPRIOR contracts on Schedule A/B: Property any creditors with partially secured the Part you need, fill it out, number do not file that Part. On the top of an article of the contract of the cont | y (Official Form 106A/B) and on claims that are listed in the entries in the boxes on the |
| Part 1:   |  | of Your PRIORITY Un   |  |   |  |   |
|   | •  | rs have priority unsecure   | d claims against you?  |   |  |   |
| <b>I</b>  | No. Go to Pa   | art 2.  |  |   |  |   |
|   | Yes.   |   |  |   |  |   |
| Part 2:   | List All   | of Your NONPRIORIT  | Y Unsecured Claims   |   |  |   |
| _   | No. You hav  |   | cured claims against you? art. Submit this form to the court wi  | th your other sche                              | edules.  |   |
| 4. List   | all of your<br>ecured claim<br>one credito   | n, list the creditor separately   | y for each claim. For each claim list  | ed, identify what t                             | b holds each claim. If a creditor has n<br>ype of claim it is. Do not list claims alr<br>three nonpriority unsecured claims fill   | eady included in Part 1. If more  |
|   |  |   |  |   |  | Total claim   |
| 4.1   | Afni   |   | Last 4 digits of a   | count number                                    | 5128   | \$300.00  |
|   | Nonpriority Po Box   | Creditor's Name   | When wee the de  | ht :  | Opened 06/46   |   |
|   |  | ogton, IL 61702   | When was the de  | bt incurred?                                    | Opened 06/16   |   |
|   | Number Sti   | reet City State Zlp Code  | As of the date yo  | u file, the claim i                             | s: Check all that apply  |   |
|   | Who incur  | red the debt? Check one.  |  |   |  |   |
|   | ☐ Debtor   | 1 only  | ☐ Contingent   |   |  |   |
|   | ■ Debtor   | 2 only  | ☐ Unliquidated   |   |  |   |
|   | ☐ Debtor   | 1 and Debtor 2 only   | ☐ Disputed   |   |  |   |
|   | ☐ At least   | one of the debtors and and  | other Type of NONPRIC  | ORITY unsecured                                 | d claim:   |   |
|   | ☐ Check  | if this claim is for a comi   | munity   |   |  |   |
|   | debt   |   | S S  |   | ration agreement or divorce that you o   | did not   |
|   |  | n subject to offset?  | report as priority cl  |   |  |   |
|   | ■ No   |   | •  | •   | g plans, and other similar debts   |   |
|   | ☐ Yes  |   | Other. Specify   | Collection                                      | Attorney Comcast   |   |

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| Debto | or 2 Melissa A. Teresi-Price   |  | Case number (if know)                        |            |  |  |  |
|-------|--|--|--|------------|--|--|--|
| 4.2   | Americollect Inc Nonpriority Creditor's Name                         | Last 4 digits of account number  | 2737   | \$186.00   |  |  |  |
|       | Po Box 1566<br>1851 S Alverno Rd                                     | When was the debt incurred?  | Opened 04/14                                 |            |  |  |  |
|       | Manitowoc, WI 54221  Number Street City State Zlp Code               | As of the date you file, the claim   | is: Check all that apply                     |            |  |  |  |
|       | Who incurred the debt? Check one.                                    | ,  |  |            |  |  |  |
|       | ☐ Debtor 1 only  | ☐ Contingent   |  |            |  |  |  |
|       | Debtor 2 only  |  |  |            |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Unliquidated☐ Disputed   |  |            |  |  |  |
|       | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured  | d claim:                                     |            |  |  |  |
|       | ☐ Check if this claim is for a community                             | ☐ Student loans  |  |            |  |  |  |
|       | debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims                                   | ration agreement or divorce that you did not |            |  |  |  |
|       | ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts             |            |  |  |  |
|       | □Yes   | Other. Specify Collection 13.0   | Attorney Mhs Physician Services              |            |  |  |  |
| 4.3   | Americollect Inc   | Last 4 digits of account number  | 1067   | \$365.00   |  |  |  |
|       | Nonpriority Creditor's Name Po Box 1566                              | When was the debt incurred?  | Opened 11/14                                 |            |  |  |  |
|       | 1851 S Alverno Rd  |  | Opened 17714                                 |            |  |  |  |
|       | Manitowoc, WI 54221  | ode As of the date you file, the claim is: Check all that apply                              |  |            |  |  |  |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim   | is: Check all that apply                     |            |  |  |  |
|       | Debtor 1 only  | ☐ Contingent   |  |            |  |  |  |
|       | <u> </u>   |  |  |            |  |  |  |
|       | Debtor 2 only  |  |  |            |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   |  |  |            |  |  |  |
|       | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured  | d claim:                                     |            |  |  |  |
|       | Check if this claim is for a community                               | ☐ Student loans  |  |            |  |  |  |
|       | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims                                 | ration agreement or divorce that you did not |            |  |  |  |
|       | ■ No   | Debts to pension or profit-sharing   | g plans, and other similar debts             |            |  |  |  |
|       | ☐ Yes  | ■ Other. Specify Collection 13.0   | Attorney Mhs Physician Services              |            |  |  |  |
| 4.4   | Chase Bank Nonpriority Creditor's Name                               | Last 4 digits of account number  | 3662   | \$3,000.00 |  |  |  |
|       | National Bank by Mail<br>PO Box 36520                                | When was the debt incurred?  | 2016   |            |  |  |  |
|       | Louisville, KY 40233-6520  Number Street City State Zlp Code         | As of the date you file, the claim   | is: Check all that apply                     |            |  |  |  |
|       | Who incurred the debt? Check one.                                    | As of the date you me, the dam's   | S. Oncok all that apply                      |            |  |  |  |
|       | Debtor 1 only  |  |  |            |  |  |  |
|       | ☐ Debtor 2 only  |  |  |            |  |  |  |
|       | ■ Debtor 1 and Debtor 2 only   |  |  |            |  |  |  |
|       | ☐ At least one of the debtors and another                            | ,  |  |            |  |  |  |
|       | <u> </u>   | Student loans  |  |            |  |  |  |
|       | ☐ Check if this claim is for a community debt                        | ☐ Obligations arising out of a sepa  |  |            |  |  |  |
|       | Is the claim subject to offset?                                      | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |  |            |  |  |  |
|       | ■ No   |  |  |            |  |  |  |
|       | Yes  | Other. Specify overdrafted   | l bank accounts                              |            |  |  |  |

Debtor 1 Lamar C. Price

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| Melissa A. Teresi-Price  |   |   |            |
|--|---|---|------------|
| ChexSystems  | Last 4 digits of account number   | 3662  | \$0.00     |
| Nonpriority Creditor's Name ATTN: Bankruptcy Department 7805 Hudson Rd. Suite 100 Woodbury, MN 55125 | When was the debt incurred?   | 2016  |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                                 | As of the date you file, the claim  | is: Check all that apply                      |            |
| Debtor 1 only  | Пол   |   |            |
| Debtor 2 only  | ☐ Contingent  |   |            |
| Debtor 1 and Debtor 2 only   | ☐ Unliquidated  |   |            |
| At least one of the debtors and another  | ☐ Disputed  Type of NONPRIORITY unsecure                                      | d claim:                                      |            |
|  | Student loans   | a Glaini.                                     |            |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?                        |   | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharin   | ng plans, and other similar debts             |            |
| Yes  | ■ Other. Specify collecting f   | or Chase Bank                                 |            |
| Citizens Fin   | Last 4 digits of account number   | 2601  | \$5,359.00 |
| Nonpriority Creditor's Name  60 Terra Cotta  Crystal Lake, IL 60014                                  | When was the debt incurred?   | Opened 6/11/10 Last Active 7/12/10            |            |
| Number Street City State Zlp Code Who incurred the debt? Check one.                                  | As of the date you file, the claim  | is: Check all that apply                      |            |
| Debtor 1 only  | ☐ Contingent  |   |            |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
| $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                                      |            |
| ☐ Check if this claim is for a community   | ☐ Student loans   |   |            |
| debt Is the claim subject to offset?   | report as priority claims   | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing  | ng plans, and other similar debts             |            |
| Yes  | ■ Other. Specify deficiency Automobile  | balance on repossessed                        |            |
| Convergent Outsoucing, Inc Nonpriority Creditor's Name   | Last 4 digits of account number   | 3880  | \$246.00   |
| Po Box 9004<br>Renton, WA 98057  | When was the debt incurred?   | Opened 12/16                                  |            |
| Number Street City State Zlp Code Who incurred the debt? Check one.                                  | As of the date you file, the claim  | is: Check all that apply                      |            |
| ■ Debtor 1 only  | ☐ Contingent  |   |            |
| ☐ Debtor 2 only  | ☐ Unliquidated  |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
| $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:                                      |            |
| ☐ Check if this claim is for a community debt  | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | aration agreement or divorce that you did not |            |
| Is the claim subject to offset?  | report as priority claims   |   |            |
| No   | Debts to pension or profit-sharing  |   |            |
| ☐ Yes  | Other Specify Collection  | Attorney Comcast                              |            |

Debtor 1 Lamar C. Price

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|          | or 1 Lamar C. Price or 2 Melissa A. Teresi-Price                                       |  | Case number (if know)                         |          |
|----------|--|--|---|----------|
| 4.8      | Convergent Outsoucing, Inc   | Last 4 digits of account number                            | 6539  | \$224.00 |
|          | Nonpriority Creditor's Name Po Box 9004  | When was the debt incurred?                                | Opened 12/13                                  | ·        |
|          | Renton, WA 98057  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply                      |          |
|          | Debtor 1 only  | ☐ Contingent   |   |          |
|          | Debtor 2 only  | ☐ Unliquidated   |   |          |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |   |          |
|          | debt<br>Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|          | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts              |          |
|          | Yes  | ■ Other. Specify Collection                                | Attorney Comcast                              |          |
| 4.9      | Credit Management, LP Nonpriority Creditor's Name                                      | Last 4 digits of account number                            | 3871  | \$276.00 |
|          | Attn: Bankruptcy Po Box 118288 Carrolton, TX 75011                                     | When was the debt incurred?                                | Opened 11/13                                  |          |
|          | Number Street City State Zlp Code  | As of the date you file, the claim                         | is: Check all that apply                      |          |
|          | Who incurred the debt? Check one.  | •  | ,   |          |
|          | Debtor 1 only  | ☐ Contingent   |   |          |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |          |
|          | ☐ Debtor 1 and Debtor 2 only   | Disputed   |   |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |   |          |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|          | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts              |          |
|          | Yes  | ■ Other. Specify Factoring (                               | Company Account Us Cellular                   |          |
| 4.1<br>0 | Credit Management, LP  | Last 4 digits of account number                            | 4282  | \$185.00 |
|          | Nonpriority Creditor's Name The Offices of Credit Management, LP                       | When was the debt incurred?                                | Opened 08/15                                  |          |
|          | Po Box 118288 Carrolton, TX 75011 Number Street City State Zlp Code                    | As of the date you file, the claim                         | is: Check all that apply                      |          |
|          | Who incurred the debt? Check one.  | ,  | - Charles and Spp.y                           |          |
|          | ☐ Debtor 1 only  | ☐ Contingent   |   |          |
|          | ■ Debtor 2 only  | ☐ Unliquidated   |   |          |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |          |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:                                      |          |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |   |          |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|          | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts              |          |
|          | ☐ Yes  | Collection Other. Specify Warehouse                        | Attorney Comcast Central                      |          |

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| Deb | tor 2 Melissa A. Teresi-Price  | Case number (if know)  |   |            |  |  |  |
|-----|--|--|---|------------|--|--|--|
| 4.1 | Crest Financial Services   |  | 3593  | \$1,000.00 |  |  |  |
| 1   | Nonpriority Creditor's Name 61 West 13490 South                      | Last 4 digits of account number  When was the debt incurred?   | 2016  | \$1,000.00 |  |  |  |
|     | Draper, UT 84020   | _  |   |            |  |  |  |
|     | Number Street City State ZIp Code                                    | As of the date you file, the claim                             | is: Check all that apply                      |            |  |  |  |
|     | Who incurred the debt? Check one.                                    | _  |   |            |  |  |  |
|     | Debtor 1 only  | Contingent   |   |            |  |  |  |
|     | Debtor 2 only  | Unliquidated   |   |            |  |  |  |
|     | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |  |  |  |
|     | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                                  | d claim:                                      |            |  |  |  |
|     | ☐ Check if this claim is for a community                             | Student loans  |   |            |  |  |  |
|     | debt Is the claim subject to offset?                                 | Obligations arising out of a sepa<br>report as priority claims | aration agreement or divorce that you did not |            |  |  |  |
|     | ■ No   | Debts to pension or profit-sharing                             | g plans, and other similar debts              |            |  |  |  |
|     | □ Yes  | Other Specify personal lo                                      |   |            |  |  |  |
| 4.1 |  |  |   |            |  |  |  |
| 2   | Diversified Consultant   | Last 4 digits of account number                                | 7680  | \$413.00   |  |  |  |
|     | Nonpriority Creditor's Name  Dci                                     | When was the debt incurred?                                    | Opened 11/29/16                               |            |  |  |  |
|     | Po Box 551268  | mon was the dest mounted.                                      | Opened 11/23/10                               |            |  |  |  |
|     | Jacksonville, FL 32255   |  |   |            |  |  |  |
|     | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                             | is: Check all that apply                      |            |  |  |  |
|     | Debtor 1 only  | П  |   |            |  |  |  |
|     | <u> </u>   | Contingent   |   |            |  |  |  |
|     | ■ Debtor 2 only  | Unliquidated   |   |            |  |  |  |
|     | Debtor 1 and Debtor 2 only   | Disputed   | d alata.                                      |            |  |  |  |
|     | At least one of the debtors and another                              | Type of NONPRIORITY unsecured  ☐ Student loans                 | d claim:                                      |            |  |  |  |
|     | ☐ Check if this claim is for a community debt                        | _  | ration agreement or divorce that you did not  |            |  |  |  |
|     | Is the claim subject to offset?                                      | report as priority claims                                      | tration agreement or divorce that you did not |            |  |  |  |
|     | ■ No   | Debts to pension or profit-sharing                             | g plans, and other similar debts              |            |  |  |  |
|     | ☐ Yes  | ■ Other. Specify Collection Attorney Comcast                   |   |            |  |  |  |
| 4.1 | Easypay/dvra   | Last 4 digits of account number                                | A740  | \$1,141.00 |  |  |  |
| 3   | Nonpriority Creditor's Name  | Last 4 digits of account number                                |   | ψ1,141.00  |  |  |  |
|     | 2701 Loker Av West<br>Carlsbad, CA 92008                             | When was the debt incurred?                                    | Opened 8/13/16 Last Active 12/01/16           |            |  |  |  |
|     | Number Street City State Zlp Code                                    | As of the date you file, the claim                             | is: Check all that apply                      |            |  |  |  |
|     | Who incurred the debt? Check one.                                    | •  | ,   |            |  |  |  |
|     | Debtor 1 only  | ☐ Contingent   |   |            |  |  |  |
|     | Debtor 2 only  | □ Debtor 2 only □ Unliquidated                                 |   |            |  |  |  |
|     | ☐ Debtor 1 and Debtor 2 only   |  |   |            |  |  |  |
|     | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:                           |   |            |  |  |  |
|     | ☐ Check if this claim is for a community                             | ☐ Student loans  |   |            |  |  |  |
|     | debt   |  | aration agreement or divorce that you did not |            |  |  |  |
|     | Is the claim subject to offset?                                      | report as priority claims                                      |   |            |  |  |  |
|     | ■ No   | Debts to pension or profit-sharing                             |   |            |  |  |  |
|     | ☐ Yes  | ■ Other, Specify Installment                                   | Sales Contract                                |            |  |  |  |

Debtor 1 Lamar C. Price

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|          | or 1 Lamar C. Price or 2 Melissa A. Teresi-Price                          |   | Case number (if know)                        |            |  |
|----------|---|---|--|------------|--|
| 4.1<br>4 | ERC/Enhanced Recovery Corp  | Last 4 digits of account number   | 6938   | \$811.00   |  |
|          | Nonpriority Creditor's Name<br>8014 Bayberry Rd<br>Jacksonville, FL 32256 | When was the debt incurred?   | Opened 12/14                                 |            |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.       | As of the date you file, the claim  | s: Check all that apply                      |            |  |
|          | Debtor 1 only   | Contingent  |  |            |  |
|          | Debtor 2 only   | ☐ Unliquidated  |  |            |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |  |
|          | $\square$ At least one of the debtors and another                         | Type of NONPRIORITY unsecured   | d claim:                                     |            |  |
|          | ☐ Check if this claim is for a community debt                             | ☐ Student loans   | ration agreement or divorce that you did not |            |  |
|          | Is the claim subject to offset?   | report as priority claims   | ration agreement or divorce that you did not |            |  |
|          | ■ No  | ☐ Debts to pension or profit-sharin   | g plans, and other similar debts             |            |  |
|          | Yes   | Other. Specify Collection   | Attorney Tmobile                             |            |  |
| 4.1<br>5 | ERC/Enhanced Recovery Corp  | Last 4 digits of account number   | 2170   | \$709.00   |  |
|          | Nonpriority Creditor's Name 8014 Bayberry Rd Jacksonville, FL 32256       | When was the debt incurred?   | Opened 01/14                                 |            |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.       | As of the date you file, the claim  | s: Check all that apply                      |            |  |
|          | ■ Debtor 1 only   | ☐ Contingent  |  |            |  |
|          | Debtor 2 only   | ☐ Unliquidated  |  |            |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |  |
|          | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured   | d claim:                                     |            |  |
|          | ☐ Check if this claim is for a community                                  | ☐ Student loans   |  |            |  |
|          | debt Is the claim subject to offset?                                      | ☐ Obligations arising out of a separeport as priority claims  |  |            |  |
|          | ■ No  | Debts to pension or profit-sharing  |  |            |  |
|          | Yes   | Other. Specify Collection   | Attorney Tmobile                             |            |  |
| 4.1      | ERC/Enhanced Recovery Corp  | Last 4 digits of account number   | 3244   | \$1,272.00 |  |
|          | Nonpriority Creditor's Name 8014 Bayberry Rd Jacksonville, FL 32256       | When was the debt incurred?   | Opened 11/13                                 |            |  |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.      | As of the date you file, the claim  | s: Check all that apply                      |            |  |
|          | Debtor 1 only   | ☐ Contingent  |  |            |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |  |            |  |
|          | ☐ Debtor 1 and Debtor 2 only  | otor 2 only   |  |            |  |
|          | ☐ At least one of the debtors and another                                 | d claim:  |  |            |  |
|          | ☐ Check if this claim is for a community debt                             | ☐ Student loans   |  |            |  |
|          | ls the claim subject to offset?   | $\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |  |            |  |
|          | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts             |            |  |
|          | ☐ Yes   | Other Specify Collection  | Attorney Tmobile                             |            |  |

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| Debtor<br>Debtor | 1 Lamar C. Price<br>2 Melissa A. Teresi-Price                             |  | Case number (if know)                         |          |
|------------------|---|--|---|----------|
| 4.1<br>7         | ERC/Enhanced Recovery Corp  | Last 4 digits of account number                              | 6504  | \$890.00 |
|                  | Nonpriority Creditor's Name<br>8014 Bayberry Rd<br>Jacksonville, FL 32256 | When was the debt incurred?                                  | Opened 04/14                                  |          |
|                  | Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply                      |          |
|                  | Who incurred the debt? Check one.   |  |   |          |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |   |          |
|                  | ■ Debtor 2 only   | ☐ Unliquidated   |   |          |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|                  | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured                                | d claim:                                      |          |
|                  | ☐ Check if this claim is for a community                                  | ☐ Student loans  |   |          |
|                  | debt Is the claim subject to offset?                                      | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |          |
|                  | ■ No  | Debts to pension or profit-sharing                           | g plans, and other similar debts              |          |
|                  | Yes   | Other. Specify Collection                                    | Attorney Tmobile                              |          |
| 4.1              | ERC/Enhanced Recovery Corp  | Last 4 digits of account number                              | 1938  | \$275.00 |
|                  | Nonpriority Creditor's Name<br>8014 Bayberry Rd<br>Jacksonville, FL 32256 | When was the debt incurred?                                  | Opened 09/15                                  |          |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.      | As of the date you file, the claim                           | is: Check all that apply                      |          |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |   |          |
|                  | ■ Debtor 2 only   | ☐ Unliquidated   |   |          |
|                  | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|                  | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured                                | d claim:                                      |          |
|                  | ☐ Check if this claim is for a community                                  | ☐ Student loans  |   |          |
|                  | debt Is the claim subject to offset?                                      | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |          |
|                  | ■ No  | Debts to pension or profit-sharing                           |   |          |
|                  | Yes   | Other. Specify Collection                                    | Attorney Tmobile                              |          |
| 4.1<br>9         | ERC/Enhanced Recovery Corp  | Last 4 digits of account number                              | 0361  | \$554.00 |
|                  | Nonpriority Creditor's Name<br>8014 Bayberry Rd<br>Jacksonville, FL 32256 | When was the debt incurred?                                  | Opened 01/14                                  |          |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.      | As of the date you file, the claim                           | is: Check all that apply                      |          |
|                  | ☐ Debtor 1 only   | ☐ Contingent   |   |          |
|                  | ■ Debtor 2 only   | ☐ Unliquidated   |   |          |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |          |
|                  | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured                                |   |          |
|                  | Check if this claim is for a community                                    | ☐ Student loans  |   |          |
|                  | debt Is the claim subject to offset?                                      | ☐ Obligations arising out of a separeport as priority claims |   |          |
|                  | ■ No  | Debts to pension or profit-sharin                            | ng plans, and other similar debts             |          |
|                  | ☐ Yes   | Other Specify Collection                                     |   |          |

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| Debtor<br>Debtor | 1 Lamar C. Price<br>2 Melissa A. Teresi-Price                             |   | Case number (if know)                         |          |  |
|------------------|---|---|---|----------|--|
| 4.2<br>0         | ERC/Enhanced Recovery Corp  | Last 4 digits of account number   | 9540  | \$918.00 |  |
|                  | Nonpriority Creditor's Name<br>8014 Bayberry Rd<br>Jacksonville, FL 32256 | When was the debt incurred?   | Opened 11/16                                  |          |  |
|                  | Number Street City State Zlp Code   | As of the date you file, the claim  | is: Check all that apply                      |          |  |
|                  | Who incurred the debt? Check one.   |   |   |          |  |
|                  | Debtor 1 only   | ☐ Contingent  |   |          |  |
|                  | ■ Debtor 2 only   | ☐ Unliquidated  |   |          |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |          |  |
|                  | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured   | d claim:                                      |          |  |
|                  | ☐ Check if this claim is for a community                                  | ☐ Student loans   |   |          |  |
|                  | debt Is the claim subject to offset?                                      | Obligations arising out of a separeport as priority claims                      | aration agreement or divorce that you did not |          |  |
|                  | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |          |  |
|                  | Yes   | Other. Specify Collection   | Attorney At T                                 |          |  |
| 4.2              | ERC/Enhanced Recovery Corp  | Last 4 digits of account number   | 1679  | \$755.00 |  |
|                  | Nonpriority Creditor's Name<br>8014 Bayberry Rd<br>Jacksonville, FL 32256 | When was the debt incurred?   | Opened 01/14                                  |          |  |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.      | As of the date you file, the claim  | is: Check all that apply                      |          |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |   |          |  |
|                  | ■ Debtor 2 only   | ☐ Unliquidated  |   |          |  |
|                  | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |          |  |
|                  | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured   | d claim:                                      |          |  |
|                  | ☐ Check if this claim is for a community                                  | ☐ Student loans   |   |          |  |
|                  | debt Is the claim subject to offset?                                      | ☐ Obligations arising out of a separeport as priority claims                    | aration agreement or divorce that you did not |          |  |
|                  | No  | Debts to pension or profit-sharing  |   |          |  |
|                  | Yes   | Other. Specify Collection   | Attorney Tmobile                              |          |  |
| 4.2              | ERC/Enhanced Recovery Corp  | Last 4 digits of account number   | 9527  | \$646.00 |  |
|                  | Nonpriority Creditor's Name<br>8014 Bayberry Rd<br>Jacksonville, FL 32256 | When was the debt incurred?   | Opened 05/13                                  |          |  |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.      | As of the date you file, the claim  | is: Check all that apply                      |          |  |
|                  | ☐ Debtor 1 only   | ☐ Contingent  |   |          |  |
|                  | ■ Debtor 2 only   | ☐ Unliquidated  |   |          |  |
|                  | Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |          |  |
|                  | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured   |   |          |  |
|                  | Check if this claim is for a community                                    | ☐ Student loans   |   |          |  |
|                  | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |   |          |  |
|                  | Is the claim subject to offset?   | report as priority claims   |   |          |  |
|                  | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |          |  |
|                  | Yes   | Other Specify Collection  | Attorney Sprint                               |          |  |

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| or 2 Melissa A. Teresi-Price   | Case number (if know)  |          |
|--|--|----------|
| ERC/Enhanced Recovery Corp   | Last 4 digits of account number 1321   | \$807.00 |
| Nonpriority Creditor's Name<br>8014 Bayberry Rd                        | When was the debt incurred? Opened 10/16   | φοστ.σσ  |
| Jacksonville, FL 32256  Number Street City State Zlp Code              | As of the date were file the plains in Ol. 1. II.II.   |          |
| Who incurred the debt? Check one.                                      | As of the date you file, the claim is: Check all that apply  |          |
| ☐ Debtor 1 only  | ☐ Contingent   |          |
| ■ Debtor 2 only  | ☐ Unliquidated   |          |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
| ☐ At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:   |          |
| ☐ Check if this claim is for a community                               | ☐ Student loans  |          |
| debt Is the claim subject to offset?                                   | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |          |
| No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts  |          |
| □Yes   | ■ Other. Specify Collection Attorney Tmobile   | _        |
| ERC/Enhanced Recovery Corp   | Last 4 digits of account number 1144   | \$918.00 |
| Nonpriority Creditor's Name  |  | _        |
| 8014 Bayberry Rd<br>Jacksonville, FL 32256                             | When was the debt incurred? Opened 12/15/12  | _        |
| Number Street City State Zlp Code                                      | As of the date you file, the claim is: Check all that apply  |          |
| Who incurred the debt? Check one.                                      |  |          |
| Debtor 1 only  | ☐ Contingent   |          |
| Debtor 2 only  | ☐ Unliquidated   |          |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |          |
| $\square$ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:   |          |
| ☐ Check if this claim is for a community                               | ☐ Student loans  |          |
| debt Is the claim subject to offset?                                   | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |          |
| No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |          |
| ☐ Yes  | ■ Other. Specify 11 At T   | _        |
|  |  |          |
| Harris & Harris  | Last 4 digits of account number 6032   | \$593.00 |
| Nonpriority Creditor's Name 111 W Jackson Blvd Suite 400               | When was the debt incurred? Opened 2/26/15   | _        |
| Chicago, IL 60604  |  |          |
| Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply  |          |
| Debtor 1 only  | Пол  |          |
| Debtor 2 only  | ☐ Contingent   |          |
|  | ☐ Unliquidated   |          |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed  Type of NONPRIORITY unsecured claim:   |          |
| ☐ Check if this claim is for a community                               | Student loans  |          |
| debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not  |          |
| Is the claim subject to offset?  | report as priority claims  |          |
| ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |          |
| Yes  | Other Specify Medical  |          |

Debtor 1 Lamar C. Price

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|          | 1 Lamar C. Price<br>2 Melissa A. Teresi-Price   |   | Case number (if know)                         |          |
|----------|---|---|---|----------|
| 4.2<br>6 | Oac   | Last 4 digits of account number   | 6657  | \$346.00 |
|          | Nonpriority Creditor's Name Po Box 500 Baraboo, WI 53913                                | When was the debt incurred?   | Opened 7/03/13                                |          |
|          | Number Street City State ZIp Code Who incurred the debt? Check one.                     | As of the date you file, the claim  | is: Check all that apply                      |          |
|          | ■ Debtor 1 only   | ☐ Contingent  |   |          |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |   |          |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |          |
|          | $\square$ At least one of the debtors and another                                       | Type of NONPRIORITY unsecured   | d claim:                                      |          |
|          | Check if this claim is for a community  | ☐ Student loans   |   |          |
|          | debt Is the claim subject to offset?  | report as priority claims   | aration agreement or divorce that you did not |          |
|          | No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |          |
|          | Yes   | Other. Specify Medical  |   |          |
| 4.2      | Oac   | Last 4 digits of account number   | 8748  | \$202.00 |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 500                                 | When was the debt incurred? Opened 11/23/10                                     |   |          |
|          | Baraboo, WI 53913  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                      |          |
|          | ■ Debtor 1 only   | ☐ Contingent  |   |          |
|          | ☐ Debtor 2 only   | ☐ Unliquidated  |   |          |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |          |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                      |          |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |   |          |
|          | debt Is the claim subject to offset?  | report as priority claims   | aration agreement or divorce that you did not |          |
|          | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |          |
|          | Yes   | Other. Specify Medical  |   |          |
| 4.2      | Oac   | Last 4 digits of account number   | 5864  | \$50.00  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 500                                 | When was the debt incurred?   | Opened 12/04/12                               |          |
|          | Baraboo, WI 53913  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim  | is: Check all that apply                      |          |
|          | ■ Debtor 1 only   | ☐ Contingent  |   |          |
|          | Debtor 2 only   | ☐ Unliquidated  |   |          |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |          |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | d claim:                                      |          |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |   |          |
|          | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not |   |          |
|          | Is the claim subject to offset?   | report as priority claims   |   |          |
|          | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |          |
|          | ☐ Yes   | Other Specify Medical   |   |          |

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|          | 1 Lamar C. Price<br>2 Melissa A. Teresi-Price  |  | Case number (if know)                         |            |
|----------|--|--|---|------------|
| 4.2<br>9 | Progressive Finance  | Last 4 digits of account number                            | 3662  | \$2,955.73 |
|          | Nonpriority Creditor's Name<br>10619 S. Jordan Gateway<br>Ste. 100<br>South Jordan, UT 84095 | When was the debt incurred?                                | 2016  |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                         | As of the date you file, the claim                         | is: Check all that apply                      |            |
|          | ☐ Debtor 1 only  | ☐ Contingent   |   |            |
|          | Debtor 2 only  | ☐ Unliquidated   |   |            |
|          | ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                                      |            |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |   |            |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts              |            |
|          | ☐ Yes  | Other. Specify personal lo                                 | an  |            |
| 4.3<br>0 | Southwest Credit Systems   | Last 4 digits of account number                            | 4890  | \$865.00   |
|          | Nonpriority Creditor's Name 4120 International Parkway Ste 1100 Carrollton, TX 75007         | When was the debt incurred?                                | Opened 11/09/16                               |            |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.                          | As of the date you file, the claim                         | is: Check all that apply                      |            |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                                      |            |
|          | ☐ Check if this claim is for a community debt  | Student loans  |   |            |
|          | Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts              |            |
|          | Yes  | Other. Specify Collection                                  | Attorney T-Mobile                             |            |
| 4.3      | State Collection Service   | Last 4 digits of account number                            | 3702  | \$656.00   |
|          | Nonpriority Creditor's Name Po Box 6250 Madison, WI 53716                                    | When was the debt incurred?                                | Opened 05/11                                  |            |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.                         | As of the date you file, the claim                         | is: Check all that apply                      |            |
|          | ■ Debtor 1 only  | ☐ Contingent   |   |            |
|          | Debtor 2 only  | ☐ Unliquidated   |   |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
|          | At least one of the debtors and another  | Type of NONPRIORITY unsecured                              | d claim:                                      |            |
|          | ☐ Check if this claim is for a community   | Student loans  |   |            |
|          | debt   | ☐ Obligations arising out of a sepa                        | aration agreement or divorce that you did not |            |
|          | Is the claim subject to offset?  | report as priority claims                                  |   |            |
|          | ■ No   | Debts to pension or profit-sharing                         |   |            |
|          | □Yes   | Other Specify Collection                                   | Attorney Aurora Health Care                   |            |

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| TitleMax of IL dba as TitleMax Norphoreny Creditor's Name 8319 Northwest Huy Crystal Lake, IL 60014-7934 Number Street City State 2 Doctor Who incurred the debt? Check one.    Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Disputed Type of NonPriority dains   Open of Type of North Vest Huy   Open of Type of Type of Type Open |            |  |
|--|------------|--|
| Sa19 Northwest Hwy   Crystal Lake, It. 60014-7934   Number Street City State 2ip Code   Who incurred the debt? Check one.   Debtor 1 and Debtor 2 only   Unliquidated   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 3 name   Debtor 4 nand Debtor 2 noly   Debtor 5 name   Debtor 6 name   Debtor 6 name   Debtor 8 name   Debtor 8 name   Debtor 8 name   Debtor 9 name   Debt   | Unknown    |  |
| As of the date you file, the claim is: Check all that apply  |            |  |
| Debtor 2 only  |            |  |
| Debtor 2 only  |            |  |
| Disputed Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Disputed Type of NONPRIORITY unsecured claim:   |            |  |
| At least one of the debtors and another   Check if this claim is for a community debt   Is the claim subject to offset?   Debts to pension or profile-sharing plans, and other similar debts   Opened 10/15 Last Active distributions   Opened 10/15 Last Active deficiency Debts or pension or profile-sharing plans, and other similar debts   Opened 10/15 Last Active deficiency Debts or pension or profile-sharing plans, and other similar debts   Opened 10/15 Last Active deficiency Debts or pension or profile-sharing plans, and other similar debts   Opened 10/15 Last Active deficiency Debts or pension or profile-sharing plans, and other similar debts   Opened 10/15 Last Active deficiency Debts or pension or profile-sharing plans, and other similar debts   Opened 10/15 Last Active deficiency Debts or pension or profile-sharing plans, and other similar debts   Opened 10/15 Last Active deficiency Debts or pension or profile-sharing plans, and other similar debts   Opened 10/15 Last Active debts   Opened 10/15 Last Act   |            |  |
| Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did    |            |  |
| debt Is the claim subject to offset?    No   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |  |
| Verizon   Verizon   Verizon   Verizon   Verizon   Verizon   Vireless Bankruptcy   Adminis   S00 Tecnolgy Dr Ste 500   Weldon Springs, NO 63304   Number Street City State Zip Code   Who incurred the debt? Check one.   Debtor 1 and Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 1 steel city State Zip Code   Verizon Wireless Bankruptcy   Debtor 2 only   Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 3 only   Debtor 2 only   Debtor 3 only   Debtor 4 steel State    |            |  |
| Verizon Nonpriority Creditor's Name Verizon Wireless Bankruptcy Adminis 500 Tecnolgy Dr Ste 500 Weldon Springs, MO 63304 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Tyes  Westlake Financial Srvs Nonpriority Creditor's Name Customer Care Po Box 76809 Los Angeles, CA 90054 Number Street City State Zip Code Who incurred the debtors and another Unliquidated Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 NomeRiorITY unsecured claim: Debtor 6 NomeR |            |  |
| Negrizon   Last 4 digits of account number   Nount   |            |  |
| Verizon Wireless Bankruptcy Adminis 500 Tecnolgy Dr Ste 500 Weldon Springs, MO 63304  Number Street City State ZIP Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 tleast one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 NoPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim:   | \$4,879.00 |  |
| As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts  Customer Care Po Box 76809 Nonpriority Creditor's Name Customer Care Po Box 76809 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Unliquidated Disputed  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Debtor 1 only Debtor 2 only Disputed  Type of NONPRIORITY unsecured claim:  Contingent Debtor 1 and Debtor 2 only Disputed  Type of NONPRIORITY unsecured claim:  Contingent Disputed  Type of NONPRIORITY unsecured claim:   |            |  |
| Debtor 2 only  |            |  |
| Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing  |            |  |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes    Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts to pension or profit-sharing plans, and other similar debts   Cellular    Westlake Financial Srvs   Nonpriority Creditor's Name   Customer Care   Po Box 76809   Los Angeles, CA 90054   Number Street City State Zip Code   Who incurred the debt? Check one.   Debtor 1 only   Debtor 2 only   Debtor 2 only   Disputed   Type of NONPRIORITY unsecured claim:   Type of NONPRIORITY unsecured claim:   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligatio |            |  |
| Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts to pension or profit-sharing plans, and other similar debts  |            |  |
| debt Is the claim subject to offset?  No Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  Other. Specify  Other. Specify  Cellular  Westlake Financial Srvs Nonpriority Creditor's Name Customer Care Po Box 76809 Los Angeles, CA 90054 Number Street City State Zlp Code Who incurred the debt? Check one.  Debts 1 and Debtor 2 only Debts 1 and Debtor 2 only At least one of the debtors and another  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Cellular  Last 4 digits of account number  8842  Opened 3/30/16 Last Active 4/24/16  As of the date you file, the claim is: Check all that apply  Contingent Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim:  |            |  |
| Sthe claim subject to offset?   Cellular   |            |  |
| Westlake Financial Srvs Nonpriority Creditor's Name Customer Care Po Box 76809 Los Angeles, CA 90054 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Last 4 digits of account number 8842  Opened 3/30/16 Last Active 4/24/16  As of the date you file, the claim is: Check all that apply   |            |  |
| Westlake Financial Srvs  Nonpriority Creditor's Name Customer Care Po Box 76809 Los Angeles, CA 90054  Number Street City State Zlp Code When was the debt incurred?  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Last 4 digits of account number 8842  Opened 3/30/16 Last Active 4/24/16  As of the date you file, the claim is: Check all that apply   |            |  |
| Nonpriority Creditor's Name Customer Care Po Box 76809 Los Angeles, CA 90054 Number Street City State Zlp Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Last 4 digits of account number 8842  Opened 3/30/16 Last Active 4/24/16  As of the date you file, the claim is: Check all that apply  |            |  |
| Customer Care Po Box 76809 Los Angeles, CA 90054 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Opened 3/30/16 Last Active 4/24/16  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  | \$2,998.00 |  |
| Number Street City State Zlp Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:  |            |  |
| ■ Debtor 1 only □ Contingent □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Debtor 1 only □ Disputed □ Type of NONPRIORITY unsecured claim:  |            |  |
| □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another Type of NONPRIORITY unsecured claim:  |            |  |
| ☐ Debtor 1 and Debtor 2 only ☐ Disputed ☐ At least one of the debtors and another ☐ Type of NONPRIORITY unsecured claim:   |            |  |
| ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim:   |            |  |
| 2 / K loads one of the debters and another   |            |  |
|  |            |  |
| ☐ Check if this claim is for a community ☐ Student loans   |            |  |
| debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims   |            |  |
| ■ No □ Debts to pension or profit-sharing plans, and other similar debts   |            |  |
| ☐ Yes ☐ Other. Specify _ deficiency balance on repossessed vehicle   |            |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

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| Debtor 1 Lamar C. Price          | Document | 1 age 31 01 33        |
|----------------------------------|----------|-----------------------|
| Debtor 2 Melissa A. Teresi-Price |          | Case number (if know) |

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     | <br>            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>34,794.73 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>34,794.73 |

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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|                     |                          | 17/1/11/11        |             |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | mation to identify your  | case:             |             |  |
| Debtor 1            | Lamar C. Price           |                   |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            | Melissa A. Teresi        | -Price            |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (ii kilowii)        |                          |                   |             |  |

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or | company with | whom you have the<br>r, Street, City, State and ZIP | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            |   |
| 2.2 |           |              |   |                     | _                                       |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            |   |
| 2.3 | Oity      |              | Otate   | Zii Code            |   |
| 2.0 | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.4 |           |              |   |                     |   |
|     | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |
| 2.5 | City      |              | Olalo   | 211 0000            |   |
|     | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | _                                       |

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|                        |   | Docume                           | ent Page 33 d             | of 59   |
|------------------------|---|----------------------------------|---------------------------|---|
| Fill in this           | s information to identify you                                 | ur case:                         |                           |   |
| Debtor 1               | Lamar C. Price  |                                  |                           |   |
| DCDIOI 1               | First Name  | Middle Name                      | Last Name                 |   |
| Debtor 2               | Melissa A. Tere   | esi-Price                        |                           |   |
| (Spouse if, fil        |   | Middle Name                      | Last Name                 |   |
| United Sta             | ates Bankruptcy Court for the                                 | : NORTHERN DISTRICT              | OF ILLINOIS               |   |
| •                      |   |                                  |                           |   |
| Case num<br>(if known) | nber  |                                  |                           | ☐ Check if this is an   |
| ()                     |   |                                  |                           | amended filing  |
|                        |   |                                  |                           |   |
| Officia                | al Form 106H  |                                  |                           |   |
|                        |   | ما ما ما ما                      |                           |   |
| Sche                   | dule H: Your Co   | aeptors                          |                           | 12/15   |
|                        |   |                                  |                           | s complete and accurate as possible. If two married   |
| ill it out, a          |   | he boxes on the left. Attach     | the Additional Page t     | tion. If more space is needed, copy the Additional Page, to this page. On the top of any Additional Pages, write    |
| 1. Do                  | you have any codebtors?                                       | (If you are filing a joint case, | do not list either spouse | as a codebtor.  |
| ■ No                   | )   |                                  |                           |   |
| ☐ Ye                   |   |                                  |                           |   |
|                        |   |                                  |                           |   |
|                        |   |                                  |                           | ry? (Community property states and territories include  |
| Arizoi                 | na, California, Idaho, Louisiai                               | na, Nevada, New Mexico, Pu       | епо Rico, Texas, wasn     | ington, and wisconsin.)   |
| ■ No                   | o. Go to line 3.  |                                  |                           |   |
|                        | es. Did your spouse, former sp                                | oouse, or legal equivalent live  | e with you at the time?   |   |
|                        | o. Dia your opouco, formor of                                 | oodoo, or logar oquivalont live  | with you at the time.     |   |
|                        |   |                                  |                           |   |
|                        |   |                                  |                           | if your spouse is filing with you. List the person shown  |
|                        |   |                                  |                           | sure you have listed the creditor on Schedule D (Officia<br>16G). Use Schedule D, Schedule E/F, or Schedule G to fi |
|                        | Column 2.   | nai i oini 100±11 ), oi oonea    | uic o (omoiai i omi i     | 700). Our contentie b, contentie bit, or contentie c to it  |
|                        | Octobra 4 Marin and debter                                    |                                  |                           | Out and O. The condition to out any own the debt  |
|                        | Column 1: Your codebtor Name, Number, Street, City, State and | d ZIP Code                       |                           | Column 2: The creditor to whom you owe the debt Check all schedules that apply:                                     |
|                        |   |                                  |                           | Chook an ochodulos that apply.  |
| 3.1                    |   |                                  |                           | ☐ Schedule D, line  |
|                        | Name  |                                  |                           | ☐ Schedule E/F, line  |
|                        |   |                                  |                           | ☐ Schedule G, line  |
|                        | Number Street   |                                  |                           | _   |
|                        | City  | State                            | ZIP Code                  |   |
|                        | •   |                                  |                           |   |
| 3.2                    |   |                                  |                           | Cahadula D. lina  |
| 3.2                    | Name  |                                  |                           | Schedule D, line  |
|                        |   |                                  |                           | ☐ Schedule E/F, line  |
|                        |   |                                  |                           | ☐ Schedule G, line  |
|                        | Number Street   |                                  |                           | _   |
|                        | City  | State                            | ZIP Code                  |   |

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| Fill in this informa            | tion to identify your case:  |   |
|---------------------------------|--|---|
| Debtor 1                        | Lamar C. Price   |   |
| Debtor 2<br>(Spouse, if filing) | Melissa A. Teresi-Price  |   |
| United States Bar               | nkruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS                  |   |
| Case number (If known)          |  | Check if this is:  An amended filing  |
|                                 |  | A supplement showing postpetition chapter 13 income as of the following date: |
| Official Fo                     | orm 106I   | MM / DD/ YYYY   |
| <b>Schedule</b>                 | I: Your Income   | 12/15   |
| Be as complete a                | ind accurate as possible. If two married people are filing together (D | ebtor 1 and Debtor 2), both are equally responsible for                       |

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | Describe Employment  |                       |   |                               |  |  |  |  |
|-----|--|-----------------------|---|-------------------------------|--|--|--|--|
| 1.  | Fill in your employment information.                               |                       | Debtor 1                                      | Debtor 2 or non-filing spouse |  |  |  |  |
|     | If you have more than one job,                                     | Employment status     | ■ Employed                                    | ☐ Employed                    |  |  |  |  |
|     | attach a separate page with information about additional           | Employment status     | ☐ Not employed                                | ■ Not employed                |  |  |  |  |
|     | employers.   | Occupation            | Computer Artist                               | Home Maker                    |  |  |  |  |
|     | nclude part-time, seasonal, or self-employed work. Employer's name |                       | Pro Tuff Declas                               |                               |  |  |  |  |
|     | Occupation may include student or homemaker, if it applies.        | Employer's address    | 7505 Eastgate Alley<br>Crystal Lake, IL 60014 |                               |  |  |  |  |
|     |  | How long employed the | here? 4 years                                 | _                             |  |  |  |  |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 2,336.00 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

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|     | otor 1<br>otor 2      | Melissa A. Teresi-Price  | _          | С  | ase nu   | mber (if know | n) _       |          |                         |        |                  |
|-----|-----------------------|--|------------|----|----------|---------------|------------|----------|-------------------------|--------|------------------|
|     |                       |  |            | ì  | For D    | ebtor 1       |            |          | Debtor 2<br>-filing spo |        |                  |
|     | Cop                   | y line 4 here  | 4.         |    | \$       | 2,336.0       | 0          | \$       | illing spo              | 0.00   | _                |
| 5.  | List                  | all payroll deductions:  |            |    |          |               |            |          |                         |        |                  |
|     | 5a.                   | Tax, Medicare, and Social Security deductions  | 5a         |    | \$       | 490.0         | 0          | \$       |                         | 0.00   |                  |
|     | 5b.                   | Mandatory contributions for retirement plans   | 5b         |    | \$       | 0.0           | _          | \$       |                         | 0.00   | _                |
|     | 5c.                   | Voluntary contributions for retirement plans   | 5c.        |    | \$       | 0.0           |            | \$       |                         | 0.00   | _                |
|     | 5d.                   | Required repayments of retirement fund loans   | 5d         |    | \$       | 0.0           | 0          | \$       |                         | 0.00   | _                |
|     | 5e.                   | Insurance  | 5e         |    | \$       | 0.0           | 0          | \$       |                         | 0.00   | _                |
|     | 5f.                   | Domestic support obligations   | 5f.        |    | \$       | 0.0           | 0          | \$       |                         | 0.00   | _                |
|     | 5g.                   | Union dues   | 5g         |    | \$       | 0.0           | 0          | \$       |                         | 0.00   | _                |
|     | 5h.                   | Other deductions. Specify:   | 5h         | .+ | \$       | 0.0           | 0 +        | • \$     |                         | 0.00   | _                |
| 6.  | Add                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.         | 9  | \$       | 490.0         | 0          | \$       |                         | 0.00   | _                |
| 7.  | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | 9  | \$       | 1,846.0       | 0          | \$       |                         | 0.00   | _                |
| 8.  | List<br>8a.           | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly not income.  | 8a         |    | \$       | 0.0           | •          | \$       |                         | 0.00   |                  |
|     | 8b.                   | monthly net income.  Interest and dividends  | 8b         |    | φ        | 0.0           |            | \$<br>   |                         | 0.00   |                  |
|     | 8c.                   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   |            |    | \$<br>\$ | 0.0           |            | \$       |                         | 0.00   | =                |
|     | 8d.                   | Unemployment compensation  | 8d         |    | \$       | 0.0           |            | \$       |                         | 0.00   |                  |
|     | 8e.                   | Social Security  | 8e         |    | \$       | 0.0           |            | \$       |                         | 0.00   | _                |
|     | 8f.                   | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Link Card  Pension or retirement income  | 8f.        |    | \$       | 0.0<br>0.0    |            | \$       | 91                      | 00.00  | _                |
|     | 8g.                   |  | 8g.<br>8h. |    | ֆ<br>\$  |               |            | · —      |                         | 0.00   | _                |
|     | 8h.                   | Other monthly income. Specify:   | _ 011      | .+ | <b>Ф</b> | 0.0           | <u>0</u> + | <u> </u> |                         | 0.00   | _                |
| 9.  | Add                   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.         | \$ |          | 0.0           | 0          | \$       |                         | 900.00 | 0                |
| 10. | Cal                   | culate monthly income. Add line 7 + line 9.  | 10.        | \$ | 1.       | 846.00 +      | \$         | 9        | 00.00 =                 | \$     | 2,746.00         |
|     |                       | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |            | -  | ,        |               | -          |          |                         | · -    | _,               |
| 11. | Incli<br>othe<br>Do i | te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your per friends or relatives.  In the contribution of the contributions of the contribution o | depe       |    |          |               |            |          | chedule J               |        | 0.00             |
| 12. |                       | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certalies   |            |    |          |               |            |          | 12.                     | \$     | 2,746.00         |
|     |                       |  |            |    |          |               |            |          | _                       | ombii  | ned<br>ly income |
| 13. | Do :                  | you expect an increase or decrease within the year after you file this form No.  | ?          |    |          |               |            |          | ••                      |        | ,                |
|     | П                     | Yes. Explain:  |            |    |          |               |            |          |                         |        |                  |

|   | in this informa            | ition to identify yo   | our case:                 |  |  |          |   |                 |                               |  |  |  |
|---|----------------------------|--|---------------------------|--|--|----------|---|-----------------|-------------------------------|--|--|--|
|   |                            |  |                           |  |  | 0.       |   | if this is:     |                               |  |  |  |
| Deb   | tor 1                      | Lamar C. Pri   | ice                       |  |  | _        |   |                 |                               |  |  |  |
|   | otor 2<br>ouse, if filing) | Melissa A. T   | eresi-Pri                 | ce   |  |          | <ul><li>An amended filing</li><li>A supplement showing postpetition chapter<br/>13 expenses as of the following date:</li></ul> |                 |                               |  |  |  |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS |                            |  |                           |  |  |          | М   | M / DD / YYYY   |                               |  |  |  |
|   | e number<br>nown)          |  |                           |  |  |          |   |                 |                               |  |  |  |
| Of  | fficial Fo                 | rm 106J  |                           |  |  |          |   |                 |                               |  |  |  |
| So  | chedule                    | J: Your  | Exper                     | ises   |  |          |   |                 | 12/15                         |  |  |  |
| Be a  | as complete ormation. If m | and accurate as  | s possible.<br>eded, atta | If two married people ar                                     |  |          |   |                 |                               |  |  |  |
| Par   |                            | ribe Your House  | ehold                     |  |  |          |   |                 |                               |  |  |  |
| 1.  | Is this a joir             |  |                           |  |  |          |   |                 |                               |  |  |  |
|   | □ No. Go to                |  | •                         | - ( -  |  |          |   |                 |                               |  |  |  |
|   | <b>■</b> N                 |  | •                         | ate nousenoid?<br>al Form 106J-2, <i>Expense</i> s           | for Sonorato Househol                        | old of D | obtor   | . 2             |                               |  |  |  |
|   |                            |  | St file Offici            | ai Foiiii 1005-2, <i>Experise</i> s                          | ioi Separate Houserio                        | ט וט טוע | ebloi   | 2.              |                               |  |  |  |
| 2.  | Do you have                | e dependents?  | □ No                      |  |  |          |   |                 |                               |  |  |  |
|   | Do not list D<br>Debtor 2. | ebtor 1 and  | Yes.                      | Fill out this information for each dependent                 | Dependent's relation<br>Debtor 1 or Debtor 2 | ship to  |   | Dependent's age | Does dependent live with you? |  |  |  |
|   | Do not state dependents    |  |                           |  | Son  |          |   | 3               | □ No<br>■ Yes                 |  |  |  |
|   |                            |  |                           |  |  |          |   | _               | □ No ■ Yes □ No               |  |  |  |
|   |                            |  |                           |  | Son  |          |   | 5               |                               |  |  |  |
|   |                            |  |                           |  | Son  |          |   | 7               | ■ Yes                         |  |  |  |
|   |                            |  |                           |  |  |          |   |                 | □ No                          |  |  |  |
|   |                            |  |                           |  | Daughter                                     |          |   | 9               | Yes                           |  |  |  |
|   |                            |  |                           |  | Daughter                                     |          |   | 12              | □ No<br>■ Yes                 |  |  |  |
| 3.  | expenses o<br>yourself and | penses include<br>f people other t<br>d your depende<br>ate Your Ongoi | han<br>ents?              | No<br>Yes<br>v Expenses                                      |  |          |   |                 |                               |  |  |  |
| Est   | imate your ex              | cpenses as of y  | our bankrı                | uptcy filing date unless y<br>y is filed. If this is a supp  |  |          |   |                 |                               |  |  |  |
| the   |                            | h assistance an  |                           | government assistance it<br>luded it on <i>Schedule I:</i> Y |  |          |   | Your expe       | nses                          |  |  |  |
| 4.  |                            | or home owners   |                           | ses for your residence. In                                   | nclude first mortgage                        | 4.       | \$  |                 | 0.00                          |  |  |  |
|   | If not include             | led in line 4:   |                           |  |  |          |   |                 |                               |  |  |  |
|   | 4a. Real e                 | estate taxes   |                           |  |  | 4a.      | \$  |                 | 0.00                          |  |  |  |
|   | •                          | rty, homeowner's   | -                         |  |  | 4b.      | \$  |                 | 0.00                          |  |  |  |
|   |                            |  |                           | ipkeep expenses  |  | 4c.      |   |                 | 0.00                          |  |  |  |
| 5.  |                            | owner's associat   |                           | dominium dues<br>our residence, such as ho                   | me equity loans                              | 4d.<br>5 | \$<br>\$  |                 | 0.00<br>0.00                  |  |  |  |
| ٥.  | , wantional I              | gage payiii  | y c                       | 1001a01100, 00011 a0 110                                     | oquity louilo                                | J.       | Ψ   |                 | 0.00                          |  |  |  |

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Debtor 1 Lamar C. Price
Debtor 2 Melissa A. Teresi-Price Case number (if known)

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|     | tor 1  | Lamar C       |  |                     |                 |                             |
|-----|--------|---------------|--|---------------------|-----------------|-----------------------------|
| Deb | tor 2  | Melissa       | A. Teresi-Price  | Case num            | nber (if known) |                             |
| _   |        |               |  |                     |                 |                             |
| 6.  | Utilit |               | hoot notivel goo   | 60                  | ¢               | 244.00                      |
|     | 6a.    | -             | , heat, natural gas  | 6a.                 | · ·             | 214.00                      |
|     | 6b.    |               | wer, garbage collection  | 6b.                 | *               | 0.00                        |
|     | 6c.    | •             | e, cell phone, Internet, satellite, and cable services   | 6c.                 | · ———           | 360.00                      |
| 7   | 6d.    | Other. Spe    | •  | 6d.                 | ·               | 0.00                        |
| 7.  |        |               | ekeeping supplies  | 7.                  | ·               | 1,050.00                    |
| 8.  | -      |               | children's education costs   | 8.                  | ·               | 100.00                      |
| 9.  |        |               | lry, and dry cleaning  | 9.                  | *               | 265.00                      |
|     |        |               | products and services  | 10.                 | ·               | 100.00                      |
|     |        |               | ntal expenses  | 11.                 | \$              | 125.00                      |
| 12. |        |               | . Include gas, maintenance, bus or train fare.<br>ar payments.   | 12.                 | \$              | 250.00                      |
| 13. |        |               | clubs, recreation, newspapers, magazines, and books  | 13.                 | \$              | 100.00                      |
| 14. | Char   | itable cont   | ributions and religious donations  | 14.                 | \$              | 0.00                        |
| 15. | Insur  | rance.        | -  |                     |                 |                             |
|     | Do no  | ot include in | nsurance deducted from your pay or included in lines 4 or 20.  |                     |                 |                             |
|     | 15a.   | Life insura   | ance   | 15a.                | *               | 0.00                        |
|     | 15b.   | Health ins    | surance  | 15b.                | \$              | 0.00                        |
|     | 15c.   | Vehicle ins   | surance  | 15c.                | \$              | 90.00                       |
|     | 15d.   | Other insu    | urance. Specify:   | 15d.                | \$              | 0.00                        |
| 16. |        |               | nclude taxes deducted from your pay or included in lines 4 or 20   |                     |                 |                             |
|     | Spec   |               |  | 16.                 | \$              | 0.00                        |
| 17. |        |               | ease payments:   | 47-                 | •               |                             |
|     |        | , ,           | ents for Vehicle 1   | 17a.                | ·               | 0.00                        |
|     |        |               | ents for Vehicle 2   | 17b.                | ·               | 0.00                        |
|     |        | Other. Spe    |  | 17c.                | *               | 0.00                        |
|     |        | Other. Spe    |  | 17d.                | \$              | 0.00                        |
| 18. |        |               | of alimony, maintenance, and support that you did not rep  |                     | \$              | 0.00                        |
| 10  |        |               | your pay on line 5, Schedule I, Your Income (Official Form<br>s you make to support others who do not live with you. | 1001).              | \$              | 0.00                        |
| 10. | Spec   |               | s you make to support others who do not live with you.   | 19.                 | *               | 0.00                        |
| 20. |        | ,             | erty expenses not included in lines 4 or 5 of this form or o   |                     |                 |                             |
| _0. |        |               | s on other property  | 20a.                |                 | 0.00                        |
|     |        | Real estat    |  | 20b.                |                 | 0.00                        |
|     |        |               | homeowner's, or renter's insurance   | 20c.                |                 | 0.00                        |
|     |        |               | nce, repair, and upkeep expenses   | 20d.                | \$              | 0.00                        |
|     |        |               | ner's association or condominium dues  | 20e.                | \$              | 0.00                        |
| 21. |        | r: Specify:   |  |                     | +\$             | 0.00                        |
|     |        |               |  |                     |                 | 0.00                        |
| 22. |        | •             | monthly expenses   |                     |                 |                             |
|     |        |               | through 21.  |                     | \$              | 2,654.00                    |
|     | 22b.   | Copy line 2:  | 2 (monthly expenses for Debtor 2), if any, from Official Form 10   | 06J-2               | \$              |                             |
|     | 22c. / | Add line 22a  | a and 22b. The result is your monthly expenses.  |                     | \$              | 2,654.00                    |
| 23. | Calc   | ulate your i  | monthly net income.  |                     |                 |                             |
|     |        |               | 12 (your combined monthly income) from Schedule I.   | 23a.                | \$              | 2,746.00                    |
|     |        |               | r monthly expenses from line 22c above.  | 23b.                | -\$             | 2,654.00                    |
|     |        |               |  |                     |                 |                             |
|     | 23c.   |               | your monthly expenses from your monthly income.  | 23c.                | \$              | 92.00                       |
|     |        | ino rosuit    | . To your monthly not moonlo.  |                     |                 |                             |
| 24. | Do y   | ou expect a   | an increase or decrease in your expenses within the year a   | after you file this | s form?         |                             |
|     | For ex | xample, do yo | ou expect to finish paying for your car loan within the year or do you exp<br>terms of your mortgage?                |                     |                 | se or decrease because of a |
|     | ■ No   |               |  |                     |                 |                             |
|     |        |               | Explain here:  |                     |                 |                             |
|     |        | oo.           | Explain Holo.  |                     |                 |                             |

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| Fill in this info   | rmation to identify your   | case:                     |                |            |                           |             |                            |
|---------------------|----------------------------|---------------------------|----------------|------------|---------------------------|-------------|----------------------------|
| Debtor 1            | Lamar C. Price             |                           |                |            |                           |             |                            |
|                     | First Name                 | Middle Name               | Last           | Name       |                           |             |                            |
| Debtor 2            | Melissa A. Teresi          |                           |                |            |                           |             |                            |
| (Spouse if, filing) | First Name                 | Middle Name               | Last           | Name       |                           |             |                            |
| United States E     | Sankruptcy Court for the:  | NORTHERN DISTRIC          | T OF ILLINOIS  | 3          |                           |             |                            |
| Case number         |                            |                           |                |            |                           |             |                            |
| (if known)          |                            |                           |                |            |                           |             | Check if this is an        |
|                     |                            |                           |                |            |                           |             | amended filing             |
|                     |                            |                           |                |            |                           |             |                            |
| o                   | 4000                       |                           |                |            |                           |             |                            |
|                     | m 106Dec                   |                           |                |            |                           |             |                            |
| Declara             | tion About a               | an Individual             | l Debto        | r's 🤄      | Schedules                 |             | 12/15                      |
|                     |                            |                           |                |            |                           |             |                            |
| f two married p     | people are filing togethe  | r, both are equally respo | onsible for su | pplying    | correct information.      |             |                            |
| You must file th    | nis form whenever you f    | ile bankruptcy schedule   | es or amended  | d sched    | ules. Making a false stat | ement. co   | ncealing property, or      |
|                     |                            | n connection with a ban   |                |            |                           |             |                            |
| years, or both.     | 18 U.S.C. §§ 152, 1341, 1  | 1519, and 3571.           |                |            |                           |             |                            |
|                     |                            |                           |                |            |                           |             |                            |
| Si                  | mn Dalaw                   |                           |                |            |                           |             |                            |
| 319                 | gn Below                   |                           |                |            |                           |             |                            |
| Did you p           | ay or agree to pay some    | eone who is NOT an atto   | rney to help   | you fill c | out bankruptcy forms?     |             |                            |
|                     |                            |                           |                |            |                           |             |                            |
| ■ No                |                            |                           |                |            |                           |             |                            |
| ☐ Yes.              | Name of person             |                           |                |            |                           |             | etition Preparer's Notice, |
|                     |                            |                           |                |            | Declaration               | n, and Sign | ature (Official Form 119)  |
|                     |                            |                           |                |            |                           |             |                            |
| Under pen           | alty of perjury, I declare | that I have read the sun  | nmary and sc   | hedules    | filed with this declarati | on and      |                            |
| that they a         | re true and correct.       |                           |                |            |                           |             |                            |
| Y /s/la             | mar C. Price               |                           | Y              | /c/ Mali   | issa A. Teresi-Price      |             |                            |
|                     | r C. Price                 |                           |                |            | a A. Teresi-Price         |             |                            |
|                     | ure of Debtor 1            |                           |                |            | e of Debtor 2             |             |                            |
| _                   |                            |                           |                |            |                           |             |                            |
| Date                | March 30, 2017             |                           |                | Date _     | March 30, 2017            |             |                            |
|                     |                            |                           |                |            |                           |             |                            |

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| Fill i          | n this inforn                                 | nation to identify your                    | case:               |                     |   |   |                                    |
|-----------------|---|--|---------------------|---------------------|---|---|------------------------------------|
| Debt            | or 1  | Lamar C. Price                             |                     |                     |   |   |                                    |
|                 |   | First Name                                 | Middle Nam          | 9                   | Last Name   |   |                                    |
| Debt<br>(Spou   | or 2<br>se if, filing)                        | Melissa A. Teres First Name                | i-Price Middle Nam  | e                   | Last Name   |   |                                    |
| Linite          | ad States Bai                                 | nkruptcy Court for the:                    | NORTHERN            | DISTRICT OF IL      | LINOIS  |   |                                    |
| Office          | ed States Dai                                 | ikiupicy Court for the.                    | HORTHERNE           | 7011101 01 11       |   |   |                                    |
| Case<br>(if kno | e number<br>wn)                               |  |                     |                     |   |   | heck if this is an                 |
|                 |   |  |                     |                     |   | ar  | mended filing                      |
| Oπ,             | isial Es                                      | 107  |                     |                     |   |   |                                    |
|                 | icial Fo                                      |  |                     |                     |   | 1 4   |                                    |
| Sta             | tement  | of Financial A                             | Affairs for         | Individua           | als Filing for B  | ankruptcy   | 4/16                               |
|                 |   |  |                     |                     |   | equally responsible for supp<br>additional pages, write you |                                    |
|                 |   | n). Answer every ques                      |                     |                     |   | auamona pagoo, mmo jou                                      |                                    |
| Part            | 1: Give D                                     | etails About Your Ma                       | rital Status and    | Nhere You Liv       | ed Before   |   |                                    |
| 1. \            | What is you                                   | r current marital statu                    | s?                  |                     |   |   |                                    |
|                 | _   |  |                     |                     |   |   |                                    |
| ı               | <ul><li>■ Married</li><li>□ Not mar</li></ul> | ried                                       |                     |                     |   |   |                                    |
| 2.              | During the la                                 | ast 3 years, have you                      | lived anywhere o    | other than whe      | re you live now?  |   |                                    |
|                 | <b>-</b>                                      |  |                     |                     |   |   |                                    |
|                 | ■ No<br>□ Yes.Lis                             | t all of the places you li                 | ved in the last 3 v | ears Do not in      | clude where you live now  |   |                                    |
|                 |   |  |                     |                     | ŕ   |   |                                    |
|                 | Debtor 1 Pr                                   | ior Address:                               |                     | s Debtor 1<br>there | Debtor 2 Prior Ad   | dress:  | Dates Debtor 2<br>lived there      |
| 3 1             | Within the la                                 | est 8 years, did you ey                    | ver live with a sno | ouse or legal e     | equivalent in a commun  | ty property state or territory                              | ? (Community property              |
|                 |   |  |                     |                     |   | co, Texas, Washington and W                                 |                                    |
| ĺ               | No  |  |                     |                     |   |   |                                    |
| ĺ               | _   | ike sure you fill out Sch                  | nedule H: Your Co   | debtors (Officia    | ıl Form 106H).  |   |                                    |
|                 |   | ,  |                     |                     | ,   |   |                                    |
| Part            | 2 Explai                                      | n the Sources of You                       | r Income            |                     |   |   |                                    |
| 1               | Fill in the tota                              | al amount of income you                    | u received from al  | l jobs and all bu   | business during this yeusinesses, including part-<br>gether, list it only once un |   | dar years?                         |
|                 | □ No  |  |                     |                     |   |   |                                    |
|                 | _   | in the details.                            |                     |                     |   |   |                                    |
|                 |   |  | Debtor 1            |                     |   | Debtor 2  |                                    |
|                 |   |  | Sources of inco     | ome G               | Bross income  | Sources of income   | Gross income                       |
|                 |   |  | Check all that ap   | pply. (I            | before deductions and exclusions)   | Check all that apply.                                       | (before deductions and exclusions) |
|                 |   | of current year until<br>d for bankruptcy: | ■ Wages, comr       | nissions,           | \$3,398.54  | ☐ Wages, commissions, bonuses, tips                         | \$0.00                             |
|                 |   |  | ☐ Operating a b     | usiness             |   | ☐ Operating a business                                      |                                    |
|                 |   |  |                     | u3111033            |   |   |                                    |

Official Form 107

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Debtor 2 Melissa A. Teresi-Price Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$28,033.76 \$0.00 □ Wages, commissions, Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business \$0.00 \$0.00 For the calendar year before that: ☐ Wages, commissions, Wages, commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address** Amount you Dates of payment **Total amount** Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Amount you **Insider's Name and Address** Dates of payment **Total amount** Reason for this payment paid still owe Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 2

Lamar C. Price

Debtor 1

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Page 42 of 59 Document Debtor 1 Lamar C. Price Debtor 2 Melissa A. Teresi-Price Case number (if known) **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment paid still owe **Mark Teresi** \$0.00 Debtor paid back \$1,000.00 Personal Loan Harvard, IL 60033 his Father-in-Law \$1000.00 in 2017 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an 8. insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Amount you Reason for this payment **Insider's Name and Address Total amount** Dates of payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. □ No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Value of the Date property **Explain what happened Westlake Financial Services** 2004 BMW 325i was repossessed in 2016 2016 \$2,500.00 PO Box 54807 Los Angeles, CA 90054-0807 Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized or levied. TitleMax of IL dba as Titlemax 2005 Suzuki Verona was repossessed in 2016 \$0.00 6319 Northwest Hwy 2016. Crystal Lake, IL 60014-7934 Property was repossessed. ☐ Property was foreclosed. ☐ Property was garnished. ☐ Property was attached, seized or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

**Creditor Name and Address** Describe the action the creditor took Date action was Amount taken

Entered 03/31/17 16:17:33 Case 17-80759 Doc 1 Filed 03/31/17 Desc Main Page 43 of 59 Document Debtor 1 Lamar C. Price Debtor 2 Melissa A. Teresi-Price Case number (if known) 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made

\$800.00

\$800.00

2017

Person Who Made the Payment, if Not You Law Offices of Joseph P. Doyle

105 S. Roselle Rd. Suite 203

Schaumburg, IL 60193

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Debtor 1 Lamar C. Price

Case number (# Images)

| Dei | otor 2 Melissa A. Teresi-Price  |  |  | Jase number                    | (if known)   |   |  |  |
|-----|---|--|--|--------------------------------|--|---|--|--|
|     |   |  |  |                                |  |   |  |  |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16. |  |  |                                |  |   |  |  |
|     | ■ No  |  |  |                                |  |   |  |  |
|     | ☐ Yes. Fill in the details.   | ☐ Yes. Fill in the details.                          |  |                                |  |   |  |  |
|     | Person Who Was Paid<br>Address  | Description and transferred                          | value of any prop                                      | erty                           | Date payment<br>or transfer was<br>made  | Amount of payment                             |  |  |
| 18. | Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers minclude gifts and transfers that you have alread No  | usiness or financial aff<br>ade as security (such as | airs?<br>the granting of a se                          |                                |  |   |  |  |
|     | Yes. Fill in the details.   |  |  |                                |  |   |  |  |
|     | Person Who Received Transfer<br>Address   | Description and property transfer                    |  |                                | any property or<br>received or debts<br>change   | Date transfer was made                        |  |  |
|     | Person's relationship to you  McHenry Motor Sports 3003 W. Rt 120 McHenry, IL 60051 Debtor traded in his 1997 Lexus ES300 as a trade-in for the purchase of a 2003 BMW 325i none  |  |  |                                |  |   |  |  |
|     |   |  |  |                                |  |   |  |  |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.  |  | ny property to a s                                     | elf-settled tr                 | ust or similar device  | of which you are a                            |  |  |
|     | Name of trust   | Description and                                      | value of the prope                                     | erty transferr                 | red  | Date Transfer was                             |  |  |
|     | List of Ocatain Financial Accounts In   |  | 's D 1 01  |                                |  | made  |  |  |
| Pai | t 8: List of Certain Financial Accounts, Ins  | struments, Safe Deposi                               | t Boxes, and Stor                                      | rage Units                     |  |   |  |  |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, asso ☐ No  | or other financial accou                             | nts; certificates o                                    | of deposit; sl                 |  |   |  |  |
|     | Yes. Fill in the details.   |  |  |                                |  |   |  |  |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number                      | Type of accountinstrument                              | clo<br>mo                      | nte account was<br>osed, sold,<br>oved, or<br>unsferred  | Last balance<br>before closing or<br>transfer |  |  |
|     | Chase Bank<br>National Bank by Mail<br>PO Box 36520<br>Louisville, KY 40233-6520  | XXXX-  | ■ Checking □ Savings □ Money Marke □ Brokerage □ Other | ch<br>sa<br>et ac<br>cle<br>wa | ebtor's<br>necking and<br>nvings<br>ccounts were<br>osed out after it<br>as overdrafted<br>2016. | \$0.00  |  |  |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?   | year before you filed fo                             | r bankruptcy, any                                      | <i>r</i> safe deposi           | it box or other depos  | itory for securities,                         |  |  |
|     | ■ No  Yes. Fill in the details.   |  |  |                                |  |   |  |  |
|     | Yes. Fill in the details.  Name of Financial Institution Address (Number, Street, City, State and ZIP Code)   | Who else had ac                                      |  | Describe the                   | contents   | Do you still have it?                         |  |  |
|     | 33.0  | State and ZIP Code)                                  | , , ,  |                                |  |   |  |  |

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Debtor 1 Lamar C. Price

Debtor 2 Melissa A. Teresi-Price

Case number (if known)

| 2            | 2. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? |  |   |        |                                     |                       |
|--------------|--|--|---|--------|-------------------------------------|-----------------------|
| <u>.</u> 2.  | пач  | e you stored property in a storage unit or pr  | lace other than your nome within i  | ı ye   | ar before you filed for bankruptcy? |                       |
|              |  | No   |   |        |                                     |                       |
|              |  | Yes. Fill in the details.  |   |        |                                     |                       |
|              |  | ne of Storage Facility<br>dress (Number, Street, City, State and ZIP Code)   | Who else has or had access<br>to it?<br>Address (Number, Street, City,<br>State and ZIP Code) | De     | escribe the contents                | Do you still have it? |
| Par          | t 9:   | Identify Property You Hold or Control for  | Someone Else  |        |                                     |                       |
| 23.          | Do y   | ou hold or control any property that some  | one else owns? Include any proper   | rty y  | ou borrowed from, are storing for,  | or hold in trust      |
| for someone. |  |  |   |        |                                     |                       |
|              |  | No<br>Yes. Fill in the details.  |   |        |                                     |                       |
|              | _  | ner's Name<br>dress (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)                       | De     | escribe the property                | Value                 |
| Par          | t 10:  | Give Details About Environmental Information   | ation   |        |                                     |                       |
| or           | the p  | urpose of Part 10, the following definitions   | apply:  |        |                                     |                       |
|              | _  |  |   |        |                                     |                       |
|              | toxic  | ironmental law means any federal, state, or<br>c substances, wastes, or material into the a<br>Ilations controlling the cleanup of these sul | ir, land, soil, surface water, ground   | _      | • •                                 |                       |
|              |  | means any location, facility, or property as wn, operate, or utilize it, including disposal  | -   | law    | , whether you now own, operate, o   | r utilize it or used  |
|              | Haza   | ardous material means anything an environ<br>ardous material, pollutant, contaminant, or   | mental law defines as a hazardous   | s wa   | aste, hazardous substance, toxic su | ubstance,             |
| ₹ер          | ort al   | Il notices, releases, and proceedings that ye  | ou know about, regardless of wher   | n th   | ey occurred.                        |                       |
| 24.          | Has  | any governmental unit notified you that you  | u may be liable or potentially liable   | e un   | der or in violation of an environme | ntal law?             |
|              |  | No   |   |        |                                     |                       |
|              | _  | Yes. Fill in the details.  |   |        |                                     |                       |
|              |  | ne of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State an                                     | ıd     | Environmental law, if you know it   | Date of notice        |
|              | Harri  |  | ZIP Code)   |        |                                     |                       |
| 25.          | пач  | e you notified any governmental unit of any  | release of nazardous material?  |        |                                     |                       |
|              |  | No   |   |        |                                     |                       |
|              |  | Yes. Fill in the details.  |   |        |                                     |                       |
|              |  | ne of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State an ZIP Code)                           | ıd     | Environmental law, if you know it   | Date of notice        |
| 26.          | Have   | e you been a party in any judicial or adminis  | strative proceeding under any envi  | iron   | mental law? Include settlements a   | nd orders.            |
|              |  | No   |   |        |                                     |                       |
|              |  | Yes. Fill in the details.  |   |        |                                     |                       |
|              |  | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)                       | Na     | ature of the case                   | Status of the case    |
| Par          | t 11:  | Give Details About Your Business or Con  | nections to Any Business  |        |                                     |                       |
| 27.          | With   | in 4 years before you filed for bankruptcy,  | did you own a business or have ar   | 1у о   | f the following connections to any  | business?             |
|              |  | ☐ A sole proprietor or self-employed in a  | trade, profession, or other activity,   | , eitl | her full-time or part-time          |                       |
|              |  | ☐ A member of a limited liability company  | (LLC) or limited liability partnersh  | nip (  | LLP)                                |                       |
| Offic        | ial Ear  | m 107 Statement  | of Financial Affairs for Individuals Filing   | a for  | Rankruntcy                          | anea                  |

Entered 03/31/17 16:17:33 Case 17-80759 Doc 1 Filed 03/31/17 Desc Main Page 46 of 59 Document Debtor 1 Lamar C. Price Debtor 2 Melissa A. Teresi-Price Case number (if known) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lamar C. Price /s/ Melissa A. Teresi-Price Lamar C. Price Melissa A. Teresi-Price Signature of Debtor 1 Signature of Debtor 2 Date March 30, 2017 March 30, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this inform                  | nation to identify your case:                  |   |                                     |
|--------------------------------------|--|---|-------------------------------------|
|                                      |  |   |                                     |
| Debtor 1                             | Lamar C. Price                                 |   |                                     |
| Dahtan 0                             | First Name Middle Name                         | Last Name   |                                     |
| Debtor 2<br>(Spouse if, filing)      | Melissa A. Teresi-Price First Name Middle Name | Last Name   |                                     |
| (Opodoc II, IIIIIg)                  | That Name (Madio Name                          | East Name   |                                     |
| United States Ba                     | nkruptcy Court for the: NORTHERN DIS           | STRICT OF ILLINOIS                                      |                                     |
| Casa number                          |  |   |                                     |
| Case number _                        |  |   | ☐ Check if this is an               |
|                                      |  |   | amended filing                      |
|                                      |  |   | amonaca ming                        |
|                                      |  |   |                                     |
| Official Fo                          | rm 108   |   |                                     |
|                                      |  |   | _                                   |
| Statemer                             | nt of intention for indi-                      | viduals Filing Under Chapte                             | er / 12/15                          |
|                                      |  |   |                                     |
| If you are an indi                   | vidual filing under chapter 7, you must f      | ill out this form if:                                   |                                     |
| creditors have                       | e claims secured by your property, or          |   |                                     |
| vou have leas                        | ed personal property and the lease has         | not expired.  |                                     |
|                                      |  | r you file your bankruptcy petition or by the date se   | et for the meeting of creditors,    |
| whiche                               | ver is earlier, unless the court extends the   | he time for cause. You must also send copies to the     |                                     |
| on the                               | form   |   |                                     |
| If two married ne                    | onle are filing together in a joint case h     | oth are equally responsible for supplying correct ir    | oformation Roth debtors must        |
|                                      | id date the form.                              | our are equally responsible for supplying correct in    | normation. Both debtors must        |
| ū                                    |  |   |                                     |
|                                      |  | is needed, attach a separate sheet to this form. On     | the top of any additional pages,    |
| write yo                             | our name and case number (if known).           |   |                                     |
| Part 1: List Yo                      | our Creditors Who Have Secured Claims          |   |                                     |
| Pail I. List IC                      | our Creditors willo have Secured Claims        |   |                                     |
| 1. For any credite                   | ors that you listed in Part 1 of Schedule      | D: Creditors Who Have Claims Secured by Property        | / (Official Form 106D), fill in the |
| information be                       |  |   |                                     |
| Identify the cre                     | editor and the property that is collateral     | What do you intend to do with the property that         |                                     |
|                                      |  | secures a debt?   | as exempt on Schedule C?            |
|                                      |  |   |                                     |
| Creditor's W                         | /estgate Lakes Resort & Spa                    | Currender the property                                  | ■ No                                |
| name:                                | oolgalo zakoo koook a opa                      | Surrender the property.                                 | ■ NO                                |
| name.                                |  | Retain the property and redeem it.                      | □Yes                                |
| Description of                       | Westgate Lakes Resort & Spa                    | Retain the property and enter into a                    | <b>—</b> 103                        |
| property                             | 10000 Turkey Lake Rd Orlando,                  | Reaffirmation Agreement.                                |                                     |
| securing debt:                       |  | Retain the property and [explain]:                      |                                     |
| scoaring debt.                       | . = 0=0.0 O.ago ooa,                           |   | _                                   |
| Part 2: List Yo                      | our Unexpired Personal Property Leases         |   |                                     |
|                                      |  | d in Schedule G: Executory Contracts and Unexpire       | ad Leases (Official Form 106G) fill |
| in the information                   | n below. Do not list real estate leases. U     | nexpired leases are leases that are still in effect; th | e lease period has not yet ended.   |
|                                      |  | f the trustee does not assume it. 11 U.S.C. § 365(p)    |                                     |
|                                      |  |   |                                     |
| Describe your u                      | nexpired personal property leases              |   | Will the lease be assumed?          |
|                                      |  |   |                                     |
| Lessor's name:                       | and a  |   | □ No                                |
| Description of lea<br>Property:      | asea   |   | П у                                 |
| roporty.                             |  |   | ☐ Yes                               |
| Locacria nama:                       |  |   | П.,                                 |
| Lessor's name:<br>Description of lea | ased   |   | □ No                                |
| Property:                            | ageu   |   | □ Vos                               |
| . roporty.                           |  |   | ☐ Yes                               |
| Lecente nome:                        |  |   |                                     |
| Lessor's name:                       |  |   |                                     |
| Official Form 108                    | Statement of I                                 | ntention for Individuals Filing Under Chapter 7         | page                                |

page 1

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| Debtor 1 Lamar C. Price Debtor 2 Melissa A. Teresi-Price  | Case number (if known)  |  |  |  |  |
|---|---|--|--|--|--|
| Description of leased Property:   | □ No  |  |  |  |  |
| Lessor's name: Description of leased Property:  | □ No □ Yes  |  |  |  |  |
| Lessor's name: Description of leased Property:  | □ No □ Yes  |  |  |  |  |
| Lessor's name: Description of leased Property:  | □ No □ Yes  |  |  |  |  |
| Lessor's name: Description of leased Property:  | □ No □ Yes  |  |  |  |  |
| Part 3: Sign Below  Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal |   |  |  |  |  |
| X /s/ Lamar C. Price Lamar C. Price Signature of Debtor 1   | /s/ Melissa A. Teresi-Price Melissa A. Teresi-Price Signature of Debtor 2 |  |  |  |  |
| Date March 30, 2017 Da  | mate March 30, 2017   |  |  |  |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-80759 Doc 1 Filed 03/31/17 Entered 03/31/17 16:17:33 Desc Main Document Page 53 of 59

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

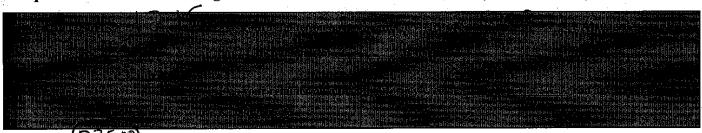
| In r | Lamar C. Price  Melissa A. Teresi-Price   |  | Case No.                         |                          |              |
|------|---|--|----------------------------------|--------------------------|--------------|
|      | menssa A. Teresi-i fice   | Debtor(s)  | Chapter                          | 7                        |              |
|      | DISCLOSURE OF COMPEN  | SATION OF ATTO   | RNEY FOR DI                      | EBTOR(S)                 |              |
| 1.   | Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of   | of the petition in bankruptcy,                             | or agreed to be paid             | to me, for services reno | dered or to  |
|      | For legal services, I have agreed to accept   |  | \$                               | 800.00                   |              |
|      | Prior to the filing of this statement I have received   |  | \$                               | 800.00                   |              |
|      | Balance Due   |  | \$                               | 0.00                     |              |
| 2.   | The source of the compensation paid to me was:  |  |                                  |                          |              |
|      | ■ Debtor □ Other (specify):   |  |                                  |                          |              |
| 3.   | The source of compensation to be paid to me is:   |  |                                  |                          |              |
|      | ■ Debtor □ Other (specify):   |  |                                  |                          |              |
| 4.   | ■ I have not agreed to share the above-disclosed compe  | nsation with any other person                              | unless they are mem              | bers and associates of n | ny law firm. |
|      | ☐ I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name   |  |                                  |                          | v firm. A    |
| 5.   | In return for the above-disclosed fee, I have agreed to ren   | der legal service for all aspect                           | s of the bankruptcy              | ease, including:         |              |
|      | <ul><li>a. Analysis of the debtor's financial situation, and render</li><li>b. Preparation and filing of any petition, schedules, stated</li><li>c. Representation of the debtor at the meeting of creditor</li><li>d. [Other provisions as needed]</li></ul> | ment of affairs and plan which                             | may be required;                 | -                        | iptcy;       |
|      | Negotiations with secured creditors to re reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hou   | s as needed; preparation                                   |                                  |                          |              |
| 5.   | By agreement with the debtor(s), the above-disclosed fee<br>Representation of the debtors in any disc<br>any other adversary proceeding.  | does not include the following chargeability actions, judi | g service:<br>cial lien avoidanc | es, relief from stay a   | actions or   |
|      |   | CERTIFICATION  |                                  |                          |              |
| this | I certify that the foregoing is a complete statement of any bankruptcy proceeding.  | agreement or arrangement for                               | payment to me for r              | epresentation of the deb | otor(s) in   |
| ı    | March 30, 2017  | /s/ Joseph P. Doy  | /le                              |                          |              |
|      | Date  | Joseph P. Doyle  | 6277393                          |                          |              |
|      |   | Signature of Attorne <b>Law Office of Jos</b>              |                                  | <b>;</b>                 |              |
|      |   | 105 S. Roselle Ro  |                                  |                          |              |
|      |   | Schaumburg, IL (<br>847-985-1100 Fa                        |                                  |                          |              |
|      |   | joe@fightbills.co  |                                  |                          |              |
|      |   | Name of law firm   |                                  |                          |              |

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BANKRUPTC¥-CONTRACT (Effective Nov. 1, 2011)

|  | VILLOT TOT DOTITION | <u> </u>   |
|--|---------------------|--|
| Mortgage Arrears<br>Mortgage Balance<br>Car Balance<br>Car #2 Balance<br>Loans | CIC-30K<br>CAR NEPO | Tax Student Loans Gov't. Fines Child Support ←?→ |
|  |                     |  |

Chapter 7 - eliminates dischargeable unsecured debts. Certain debts may not be dischargeable.



Onling fee is a separate cost and is not included in the agreed legal fee. Client agrees that the \$40.00 fee for the credit report (per person) is a separate cost and is not included in the agreed legal fee. Client agrees that 1) TIMELY PAYMENT - Client will pay in full prior to the last payment date; 2) REFUNDS - If client decides to discontinue legal services at any time, client is only entitled to a refund or unearned fees. Firm will take about 30 days to do an accounting and issue a refund check. Firm's hourly rate is \$250 per hour for purposes of determining what refund client is entitled to in the event that client discharges Firm as client's attorney. In order to discharge Firm, client must submit a written request. 3) COLLECTIONS - Client agrees that if Firm is unable to collect its fees through the terms stated in this contract, Firm will be forced to refer your account to collections. Client is liable for all attorney's fees and costs incurred to collect the debt, including court costs, which will amount to no less than \$400.00. 4) LAW CHANGES - Firm's advice to client is subject to changes in applicable State and Federal laws. Client agrees to hold Firm harmless for damages related to changes in the law that affect client's ability to qualify for bankruptcy relief or to discharge debts within a bankruptcy case. The law may change any day and Firm is not responsible for any delay. Pay in full immediately so Firm can get client's case filed or risk that changes in laws or court decisions will change the advice we give client. 5) RESCISSIONS - Once client reaffirms a debt, client may only rescind the reaffirmation agreement by sending a written request, certified mail, return receipt requested, to Firm no less than two weeks prior to the bar date for rescissions. 6) STATE LAW PROCEEDINGS - Client has been advised by Firm that Firm will not represent client in ANY state law matter, including, but not limited to, divorce proceedings, civil lawsuits, or contempt proceedings. Client is hereby advised to appear at any and all state court proceedings, unless specifically advised otherwise in writing. 7) ADDITIONAL FEES - Client will be charged, and agrees to pay, additional fees for a) Failing to list debts by the time of filing that later have to be added to client's bankruptcy documents. The court charges \$30 to amend a petition. b) Missing court date. Client must attend a meeting of creditors approximately four weeks after client's case is filed. Firm still has to appear even if client does not, so Firm charges \$150 additional fee for any missed court date. Client agrees to call Firm three weeks after client's case has been filed to obtain the section 341 meeting date if client has not received notice of the meeting. c) Adversary objections to discharge based on fraudulent use on credit cards or other discharge issues. Firm's fee for negotiating a settlement is approximately \$300 to be paid in advance of settlement. Firm's fee for litigating a discharge issue is \$200 per hour, ten hours to be paid in advance. d) Delays - If client delays in paying the fees, returning the petition or in providing information to Firm, including appraisals, titles, bank account information. Firm reserves the right to charge additional fees which will amount to no less than \$100. e) Lien avoidance - Client agrees that the above quote fee does not include services \_\_\_, or redemptions on vehicles (\$650) provided to avoid judgment liens (\$250) \_\_\_\_\_, non-purchase money security interests (\$200) \_\_\_\_\_, or redemptions on vehicles (\$650) \_\_\_\_\_ to be paid prior to Firm drafting the motion. Client understands and agrees that if client does not pay the fee. Firm will not bring the motion and the lien will survive the bankruptcy. f) Bounced checks - Client agrees to pay a \$25 bounced check fee for any checks not honored by client's bank. 8) FULL DISCLOSURE - Client

Chapter 13 - debt repayment plan; consolidate debts and repay over 36 to 60 months.

or other information from a bankruptcy petition.

| <u>-</u>                               |                                   |            |  | · · |
|--|-----------------------------------|------------|--|-----|
| \$281.00                               |                                   |            |  |     |
| You are responsible for post-filing in | ortgage payments and trustee payr | nents .    | The state of the s |     |
| Total are responsible for post-time in | - Paymons and it asice buy        |            | -  |     |
| X ( Min/ )                             | O DATE 6                          | © CRECORD# | X  |     |

agrees to fully disclose all financial information to Firm. Client agrees to disclose all of assets and debts and understands that it is a Federal crime to omit a creditor

No part of this contract is meant to conflict with any part of the Court-Approved Retention Agreement, revised as of March 15, 2011, by the United States Bankruptcy Court for the Northern District of Illinois, and in any real or perceived conflict, the Provision of the Court-Approved Retention Agreement prevails.

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#### United States Bankruptcy Court Northern District of Illinois

| In re | Lamar C. Price<br>Melissa A. Teresi-Price  |                                       | Case No.                         |               |  |  |
|-------|--|---------------------------------------|----------------------------------|---------------|--|--|
|       | Menssa A. Telesi-i Ne                      | Debtor(s)                             | Chapter 7                        |               |  |  |
|       | VE   | RIFICATION OF CREDITOR N              |                                  | 35            |  |  |
|       |  | Number of                             | Number of Creditors:             |               |  |  |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred | itors is true and correct to the | he best of my |  |  |
| Date: | March 30, 2017                             | /s/ Lamar C. Price                    |                                  |               |  |  |
|       |  | Lamar C. Price                        |                                  |               |  |  |
|       |  | Signature of Debtor                   | Signature of Debtor              |               |  |  |
| Date: | March 30, 2017                             | /s/ Melissa A. Teresi-Price           |                                  |               |  |  |
|       | ·  | Melissa A. Teresi-Price               | Melissa A. Teresi-Price          |               |  |  |
|       |  | Signature of Debtor                   |                                  |               |  |  |

Afni Po Box 3427 Bloomington, IL 61702

Americollect Inc Po Box 1566 1851 S Alverno Rd Manitowoc, WI 54221

Americollect Inc Po Box 1566 1851 S Alverno Rd Manitowoc, WI 54221

Chase Bank National Bank by Mail PO Box 36520 Louisville, KY 40233-6520

ChexSystems
ATTN: Bankruptcy Department
7805 Hudson Rd. Suite 100
Woodbury, MN 55125

Citizens Fin 60 Terra Cotta Crystal Lake, IL 60014

Convergent Outsoucing, Inc Po Box 9004 Renton, WA 98057

Convergent Outsoucing, Inc Po Box 9004 Renton, WA 98057

Credit Management, LP Attn: Bankruptcy Po Box 118288 Carrolton, TX 75011

Credit Management, LP
The Offices of Credit Management, LP
Po Box 118288
Carrolton, TX 75011

Crest Financial Services 61 West 13490 South Draper, UT 84020

Diversified Consultant Dci Po Box 551268 Jacksonville, FL 32255

Easypay/dvra 2701 Loker Av West Carlsbad, CA 92008

ERC/Enhanced Recovery Corp 8014 Bayberry Rd Jacksonville, FL 32256

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Harris & Harris 111 W Jackson Blvd Suite 400 Chicago, IL 60604

Oac Po Box 500 Baraboo, WI 53913

Oac Attn: Bankruptcy Po Box 500 Baraboo, WI 53913

Oac Attn: Bankruptcy Po Box 500 Baraboo, WI 53913

Progressive Finance 10619 S. Jordan Gateway Ste. 100 South Jordan, UT 84095

Southwest Credit Systems 4120 International Parkway Ste 1100 Carrollton, TX 75007

State Collection Service Po Box 6250 Madison, WI 53716 TitleMax of IL dba as TitleMax 6319 Northwest Hwy Crystal Lake, IL 60014-7934

Verizon Verizon Wireless Bankruptcy Adminis 500 Tecnolgy Dr Ste 500 Weldon Springs, MO 63304

Westgate Lakes Resort & Spa 10000 Turkey Lake Rd Orlando, FL 32819

Westlake Financial Srvs Customer Care Po Box 76809 Los Angeles, CA 90054